

Statement of Scrutineer or Official Agent

Local Authorities Election Act
(Sections 16(2), 68.1, 69, 70)

The personal information collected through this form is for administering the election. This collection is authorized by section 33(c) of the *Freedom of Information and Protection of Privacy Act*. For questions about the collection of personal information, contact

Manager of Legislative Services, Beaver County - 780-663-3730 Ext. 1016

Business Title/Organization

Box 140

Address

Ryley

City or Town

AB

Province

T0B4A0

Postal Code

LOCAL JURISDICTION: BEAVER COUNTY, PROVINCE OF ALBERTA

ELECTION DATE (OR VOTE ON A BYLAW OR QUESTION): October 20, 2025

I, _____,
Name of Scrutineer or Official Agent

of _____,
Complete Address and Postal Code

in the Province of _____, am at least 18 years of age and,
Name of Province

(a) For the purposes of an election, will act as scrutineer on behalf of _____
Name of Candidate
for the office of Councillor - Division 5
Office for which Candidate was Nominated

OR

(b) For the purposes of a vote on a bylaw, will act as scrutineer for those persons who are interested in

(Check [✓] One) ☐ promoting the passing of Bylaw No. _____

☐ opposing the passing of Bylaw No. _____

OR

(c) For the purposes of a vote on a question, will act as scrutineer on behalf of those persons who are interested in

(Check [✓] One) ☐ voting in the **positive** on the question set out.

☐ voting in the **negative** on the question set out.

AND I will in all respects maintain and aid in maintaining the absolute secrecy of the vote.

Signature of Scrutineer or Official Agent

IT IS AN OFFENCE TO SIGN A FALSE STATEMENT