

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

Tamara Spong, FOIP Coordinator

780-778-2800

Business Title/Organization

Business Phone Number

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Whitecourt

AB

T7S 1N8

Address

City or Town

Province

Postal Code

LOCAL JURISDICTION: The Northern Gateway School Division, 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

for the office of _____
Name of Candidate
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