Ontario ⚜

Ministry of Municipal Affairs and Housing

Endorsement of Nomination – Form 2
Municipal Elections Act, 1996 (Section 33)

Instructions

- Candidates must obtain 25 original signatures.
- An individual providing an endorsement signature must be a Canadian citizen, aged 18 or older and have a qualifying address in the municipality. An individual may sign an endorsement for more than one person seeking nomination.
- The qualifying address provided must include the postal code.

Personal information collected on this form is obtained under the authority of sections 33 and 95 of the Municipal Elections Act, 1996. Under section 88 of the Municipal Elections Act, 1996 (and despite anything in the Municipal Freedom of Information and Protection of Privacy Act) documents and materials filed with or prepared by the clerk or any other election official under the Municipal Elections Act, 1996 are public records and, until their destruction, may be inspected by any person at the clerk's office at a time when the office is open.

Name of person seeking nomination

Last Name or Single Name	Given Name(s)

Endorsement signatures for the nomination of a person for an office in the municipality of

_____ in the year _____ .

Name of person providing endorsement

Last Name or Single Name	Given Name(s)

Qualifying Address

Suite/Unit Number	Street Number	Street Name

Municipality	Province	Postal Code

I endorse _____ as a candidate and declare that I am qualified to be an elector in this municipality.

Signature	Date (yyyy/mm/dd)	Delete

Name of person providing endorsement

Last Name or Single Name	Given Name(s)

Qualifying Address

Suite/Unit Number	Street Number	Street Name

Municipality	Province	Postal Code

I endorse _____ as a candidate and declare that I am qualified to be an elector in this municipality.

Signature	Date (yyyy/mm/dd)	Delete

Name of person providing endorsement

Last Name or Single Name | Given Name(s)

Qualifying Address

Suite/Unit Number | Street Number | Street Name

Municipality | Province | Postal Code

I endorse _____ as a candidate and declare that I am qualified to be an elector in this municipality.

_____ Signature | _____ Date (yyyy/mm/dd) | Delete

Name of person providing endorsement

Last Name or Single Name | Given Name(s)

Qualifying Address

Suite/Unit Number | Street Number | Street Name

Municipality | Province | Postal Code

I endorse _____ as a candidate and declare that I am qualified to be an elector in this municipality.

_____ Signature | _____ Date (yyyy/mm/dd) | Delete

Name of person providing endorsement

Last Name or Single Name | Given Name(s)

Qualifying Address

Suite/Unit Number | Street Number | Street Name

Municipality | Province | Postal Code

I endorse _____ as a candidate and declare that I am qualified to be an elector in this municipality.

_____ Signature | _____ Date (yyyy/mm/dd) | Delete

Add Person (+)

Save Form   Print Form   Clear Form