

Endorsement of Appointment

Instructions

- · Applicant 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 appointment.
- The qualifying address provided must include the postal code.

Personal information collected on the this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act and will be used to assist the Clerk in the administration of the 2024 Council Vacancy Appointment Process. Questions regarding this collection should be forwarded to the Clerk, 217 Harper Road, Perth, ON, K7H 3C6 or (613) 267-5353 ext. 123 or clerk@tayvalleytwp.ca.

Name of person seeking nomination					
Last Name or Single Name					
Endorsement signatures for the appointment of a person for an office in the municipality of					
in the year ·					
Name of person providing endorsement – 1 Last Name or Single Name Given Name(s)					
Qualifying Address Suite/Unit Number Street Number Street Name	1				
Municipality	Province		Postal Code		
I endorse		as an applicant and declare that I am qualified			
to be an elector in this municipality.		_			
			_		
Signature	Date (yyyy/mm/dd)				
Name of page on providing and grown at 2					
Name of person providing endorsement – 2 Last Name or Single Name	Given Name(s)			
Qualifying Address Suite/Unit Number Street Number Street Name	1				
Municipality	Province		Postal Code		
I endorse	as an applicant and declare	that I am qualified			
to be an elector in this municipality.					
Signature		Date (yyyy/mm/dd)	- 		

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- The qualifying address provided must include the postal code.

Name of person providing end	orsement – 3			
Last Name or Single Name		Given Name(s)		
Qualifying Address				
Suite/Unit Number Street Number	Street Name			
Municipality		Province		Postal Code
I endorse			as an applicant and declare	that I am qualified
to be an elector in this municipality.				
Signatu	ıre	-	Date (yyyy/mm/dd)	-
Name of person providing endo Last Name or Single Name	orsement – 4	Given Name(s)		
Qualifying Address	1			
Suite/Unit Number Street Number	Street Name			
Municipality		Province		Postal Code
I endorse			as an applicant and declare	that I am qualified
to be an elector in this municipality.				
Signati	ıre		Date (yyyy/mm/dd)	-
Name of person providing endo Last Name or Single Name	orsement – 5	Given Name(s)		
Qualifying Address	1			
Suite/Unit Number Street Number	Street Name			
Municipality		Province		Postal Code
I endorse as an applicant and declare that I am				that I am qualified
to be an elector in this municipality.				
Signatu	ure		Date (yyyy/mm/dd)	-

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Name of person providing endorsement – 6 Last Name or Single Name Given Name(s)				
Qualifying Address				
Suite/Unit Number Street Number	Street Name			
Suite/Offit Namber Succe Namber	ou cot Name			
		Ι		
Municipality		Province		Postal Code
I endorse			as an applicant and declare	that I am qualified
to be an elector in this municipality.				
to be an elector in this municipality.				
				_
Signati	ıre		Date (yyyy/mm/dd)	
A1 6 1				
Name of person providing end	orsement – 7	i		
Last Name or Single Name		Given Name(s)		
Qualifying Address				
Qualifying Address	l a			
Suite/Unit Number Street Number	Street Name			
Municipality		Province		Postal Code
1 7				
I endorse			as an applicant and declare	that I am qualified
to be an elector in this municipality				
to be an elector in this municipality.				
				_
Signati	ıre		Date (yyyy/mm/dd)	
Name of manage managed in a send				
Name of person providing end	orsement – 8	1		
Last Name or Single Name		Given Name(s)		
Qualifying Address		<u> </u>		
the state of the s	Ctra at Nama			
Suite/Unit Number Street Number	Street Name			
Municipality		Province		Postal Code
, ,				
I endorse			as an applicant and declare	that I am qualified
to be an elected in this consists also				-
to be an elector in this municipality.				
				_
Signati	ure		Date (yyyy/mm/dd)	

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Name of person providing endorsement – 9					
Last Name or Single Name Giver		Given Name(s)			
Qualifying Address					
Suite/Unit Number	Street Number	Street Name			
Municipality			Province		Postal Code
I endorse				as an applicant and declare	that I am qualified
to be an elector in t	his municipality.				
	Signati	ıre		Date (yyyy/mm/dd)	
Name of person providing endorsement – 10 Last Name or Single Name Given Name(s)			Given Name(s)		
Qualifying Address					
Suite/Unit Number	Street Number	Street Name			
Municipality			Province		Postal Code
I endorse				as an applicant and declare	that I am qualified
to be an elector in t	nis municipality.				
	Signatu	ıre		Date (yyyy/mm/dd)	-
Name of person Last Name or Single	n providing end e Name	orsement – 11	Given Name(s)		
Qualifying Address Suite/Unit Number	Street Number	Street Name			
Municipality			Province		Postal Code
I endorse				as an applicant and declare	that I am qualified
to be an elector in this municipality.					
	Signatu	ıre		Date (yyyy/mm/dd)	-

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Name of person providing endorsement – 12 Last Name or Single Name Given Name				
Qualifying Address Suite/Unit Number Street Number	Street Name			
Municipality		Province		Postal Code
I endorse			as an applicant and declare	that I am qualified
to be an elector in this municipality.			-	
Si	gnature		Date (yyyy/mm/dd)	_
Name of person providing of Last Name or Single Name	endorsement – 13	Given Name(s)		
Qualifying Address Suite/Unit Number Street Number	Street Name			
Municipality		Province		Postal Code
I endorse			as an applicant and declare	that I am qualified
to be an elector in this municipality.			-	
Si	gnature		Date (yyyy/mm/dd)	-
Name of person providing of Last Name or Single Name	endorsement – 14	Given Name(s)		
Qualifying Address Suite/Unit Number Street Number	Street Name			
Municipality		Province		Postal Code
I endorse			as an applicant and declare	that I am qualified
to be an elector in this municipality.				
Si	gnature		Date (yyyy/mm/dd)	_

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Name of person providing endorsement – 15 Last Name or Single Name Given Name(s			Given Name(s)		
Qualifying Address Suite/Unit Number	Street Number	Street Name			
Municipality			Province		Postal Code
I endorse				as an applicant and declare	that I am qualified
to be an elector in t	his municipality.				
	Signatu	ıre		Date (yyyy/mm/dd)	-
Name of person Last Name or Singl	n providing endo e Name	orsement – 16	Given Name(s)		
Qualifying Address Suite/Unit Number	Street Number	Street Name			
Municipality			Province		Postal Code
I endorse				as an applicant and declare	that I am qualified
to be an elector in t	his municipality.				
	Signatu	ıre		Date (yyyy/mm/dd)	-
Name of person Last Name or Singl	n providing ende e Name	orsement – 17	Given Name(s)		
Qualifying Address Suite/Unit Number	Street Number	Street Name			
Municipality			Province		Postal Code
I endorse			as an applicant and declare	that I am qualified	
to be an elector in t	his municipality.				
	Signatu	ure	-	Date (yyyy/mm/dd)	-

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	n providing end	orsement – 18			
Last Name or Single Name Give		Given Name(s)			
Qualifying Address					
Suite/Unit Number	Street Number	Street Name			
Municipality			Province		Postal Code
I endorse				as an applicant and declare	that I am qualified
to be an elector in t	his municipality.				
	Signatu	ıre		Date (yyyy/mm/dd)	-
Name of person Last Name or Singl	n providing end e Name	orsement – 19	Given Name(s)		
Qualifying Address					
Suite/Unit Number	Street Number	Street Name			
Municipality			Province		Postal Code
I endorse				as an applicant and declare	that I am qualified
to be an elector in t	his municipality.				
					_
	Signatu	ıre		Date (yyyy/mm/dd)	
Name of person	n providing end	oreomont — 20			
Last Name or Singl	-	orsement – 20	Given Name(s)		
Qualifying Address					
Suite/Unit Number	Street Number	Street Name			
Municipality			Province		Postal Code
I endorse			as an applicant and declare	that I am qualified	
to be an elector in t	his municipality.				
·	Signatu	ıre		Date (yyyy/mm/dd)	-
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Name of person providing endorsement – 21 Last Name or Single Name Given Name(s)				
Qualifying Address				
Suite/Unit Number Street Number	Street Name			
Suite/Offit Number Succe Number	Oli cet i vaine			
Municipality		Province		Postal Code
I endorse			as an applicant and declare	that I am qualified
to be an elector in this municipality.				
to be an elector in this municipality.				
				_
Signati	ure		Date (yyyy/mm/dd)	
Name of person providing end	orsement – 22			
Last Name or Single Name		Given Name(s)		
Ğ		,		
Qualifying Address				
Suite/Unit Number Street Number	Street Name			
Municipality	<u> </u>	Province		Postal Code
Widilicipality		FIOVILICE		r ustai Code
I endorse			as an applicant and declare	that I am qualified
			as an applicant and accide	triat i arri qualifica
to be an elector in this municipality.				
Signati	Ire		Date (yyyy/mm/dd)	-
Oignat.			Date (yyyy////////da)	
Name of person providing end	orsement – 23			
Last Name or Single Name		Civon Namo(a)		
Last Name of Single Name		Given Name(s)		
Qualifying Address				
Suite/Unit Number Street Number	Street Name			
Otrect Number	Oli cet i vaine			
Municipality		Province		Postal Code
I endorse			as an applicant and declare	that I am qualified
to be an elector in this municipality.				
to be an elector in this municipality.				
		_		-
Signati	ure		Date (yyyy/mm/dd)	

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Name of person providing endorsement – 24					
Last Name or Singl	le Name		Given Name(s)		
Qualifying Address	la	1			
Suite/Unit Number	Street Number	Street Name			
Municipality			Province		Postal Code
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I endorse			l	as an applicant and declare	that I am qualified
to be an elector in t	his municipality.				
 Signature				Date (yyyy/mm/dd)	_
				())))	
Name of perso	n providing end	orsoment = 25			
Last Name or Singl	•	orgenient – 20	Given Name(s)		
Last Name of Singl	io ramo		Given rame(s)		
Qualifying Address			I		
Suite/Unit Number		Street Name			
Municipality			Province		Postal Code
I endorse				as an applicant and declare	that I am qualified
to be an elector in t	his municipality.				
	Signati	ure		Date (yyyy/mm/dd)	_
	Cignati	410		Date (yyyy/iiiii/aa)	