



MUNICIPALITY OF West Elgin

Council Vacancy Application Form

Please complete this application form, Declaration of Qualifications, and one (1) page (8.5x11) detailing your qualifications and objectives, and submit in person (no fax or email) with identification **no later than Thursday, May 22, 2025, at 2:00 p.m.**

Terri Towstiuc, Clerk
Municipality of West Elgin
22413 Hoskins Line
Rodney ON N0L 2C0

Council Vacancy Application Form
Name:
Qualifying Address:
Email Address:
Telephone Number:

Eligibility Requirements	Yes	No
Canadian Citizen		
Minimum of 18 years of Age		
Eligible elector in the Municipality of West Elgin (owner, tenant, spouse of such owner or tenant)		
Not prohibited from voting (as per <i>Municipal Elections Act</i>) or otherwise by law		

By signing this form, you consent to having your name publicly released.

Date	Signature

Personal Information collected on this form is pursuant to the *Municipal Act, 2001*, as amended and is collected in accordance with the *Municipal Freedom of Information Act and Protection of Privacy Act* and will be used by the Clerk for the purpose of assessing whether a nominee is eligible for appointment to municipal office. This form will be attached to a Council Agenda and published to the Municipal website.



MUNICIPALITY OF West Elgin

Declaration of Qualifications

Declaration to be completed in the presence of Commissioner of Oaths and Affidavits

I, _____, an applicant mentioned in this application form, declare that I am presently, legally qualified, or would be presently legally qualified if I were not a member of Legislative Assembly of Ontario or the Senate or House of Commons of Canada, to be appointed and to hold the office to which I have applied for appointment and I make this solemn declaration conscientiously believing it to be true and knowing it is of the same force and effect as if made under oath.

DECLARED before me at the Municipality of West Elgin, in the County of Elgin this _____ day of _____, 20_____.

Signature of Applicant

Signature of Commissioner of Oaths and Affidavits

Stamp

Certificate

I, the undersigned Clerk of the Municipality of West Elgin, do hereby certify that I have examined the application form of the aforesaid applicant filed with me and am satisfied that the nominee is qualified for appointment to municipal office.

Signature of Clerk or designate

Date Certified

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