

FORM 5

Title of the Responsible Official

Business Phone Number

Candidate's Full Name _____

Candidate's Address and Postal Code _____

Address(es) of Place(s) where Candidate Records are Maintained _____

Name(s) and Address(es) of Financial Institutions where Campaign Contributions will be
Deposited (if applicable)

Name(s) of Signing Authorities for each Depository Listed Above (if applicable)

Where there is any change in the above mentioned information, the candidate shall notify the local jurisdiction in writing within 48 hours of such changes by submitting a completed information form.

Note: The personal information collected through this form is for administering the election. This collection is authorized by section 4 of the *Protection of Privacy Act*, specifically section 4(c) that information relates directly to and is necessary for an operating program or activity. The information is used solely for the purpose of conducting the election. The information may be included in public records or otherwise disclosed as authorized under the *Protection of Privacy Act* and the *Access to Information Act*. For questions about the collection of personal information, contact ATI Coordinator, City of Camrose, 780-678-3440, 5204 50 Avenue, Camrose, AB, T4V-0S8 or legservices@camrose.ca.