FORM 16

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 and Protection of Privacy Act*. For questions about the collection of personal information, contact.

1arlene Walsh			<u>780-668-318</u>	<u>2</u>
usiness Title/Organization			Business Phone Number	
Postal Station Ma	ain, Box 3115	Spruce Grove	AB	<u>T7X 34A</u>
ddress		City or Town	Province	Postal Code
		AGE OF VAL QUENTIN, PROVING	CE OF ALBERTA	
		Name of Scrutineer or Official Agent		
f		Complete Address and Postal Code		
n the PROVINCE (OF ALBERTA, am at least 18 ye	ears of age and,		
a) For the purpo	ses of an election, will act as	scrutineer on behalf of		
for the efficient	.£		Name of Candidate	
for the office o	Office for which Candidate	e was Nominated		
b) For the purpo Check ✓ One)	promoting the passin	OR I act as scrutineer for those persons who		
	Opposing the passing	g of Bylaw No		
		OR		
(c) For the	purposes of a vote on a ques	stion, will act as scrutineer on behalf of t	hose persons who are inte	rested in
Check ✓ One)	voting in the positive	on the question set out.		
	Voting in the negativ	e on the question set out.		
ND I will in all	l respects maintain and	aid in maintaining the absolute s	ecrecy of the vote.	
			Signature of Scrutineer o	r Official Agent

IT IS AN OFFENCE TO SIGN A FALSE STATEMENT