

## C5 – Appointment of Candidate Official Agent

PLEASE PRINT IN BLOCK LETTERS

CANDIDATE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
POSITION (E.G., MAYOR, COUNCILLOR, ELECTORAL AREA DIRECTOR)	JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT)	ELECTION AREA (NAME OF MUNICIPALITY, REGIONAL DISTRICT ELECTORAL AREA)

**I hereby appoint as my Official Agent for the:**

GENERAL VOTING DATE: (YYYY/MM/DD)	<input type="checkbox"/> General Local Election	<input type="checkbox"/> By-election
OFFICIAL AGENT'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)	CITY/TOWN	POSTAL CODE

I hereby delegate to the above-named official agent the authority to appoint scrutineers.

CANDIDATE'S SIGNATURE	DATE: (YYYY/MM/DD)
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