

Form TOS01
CANDIDATE INFORMATION
DISCLOSURE FORM

I, _____, hereby **authorize** **do not authorize** (check one)
the Town of Strathmore to release for publication purposes the below listed candidate
information while participating in the 2017 General Municipal Election. I acknowledge that the
Town of Strathmore may use my candidate information on the Town of Strathmore website or
provide my information to the media and members of the public.

Candidate Information:

NAME: _____

MAILING ADDRESS
& POSTAL CODE: _____

HOME PHONE NUMBER: _____

OFFICE PHONE NUMBER: _____

OTHER PHONE NUMBER: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____

PHOTOGRAPH (Check one): YES NO

Signature

Date

NOTE: The personal information that is being collected under the authority of the *Local Authorities Election Act* will be used for the purposes under that Act. It is protected by the privacy provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection, contact the Manager of Legislative Services at 403-934-3133.