

The personal information collected through this form is for administering the election. This collection is authorized by section 4(c) of the *Protection of Privacy Act*. For questions about the collection of personal information, contact

Town of Peace River

780-624-2574

Business Title/Organization

Business Phone Number

9911 100 Street (Box 6600)

Peace River

AB

T8S 1S4

Address

City or Town

Province

Postal Code

☐ Initial Registration☐ Update to Registration

Name of Third Party

Entity Type☐ Person☐ Group☐ Corporation**Primary Contact**

Name (Include Title: Mr., Mrs., Ms., Dr.)

Mailing Address, Alberta

Postal Code Email Address

Primary Phone Alternate Phone

Chief Financial Officer (CFO)

Name (Include Title: Mr., Mrs., Ms., Dr.)

Mailing Address, Alberta

Postal Code Email Address

Primary Phone Alternate Phone

Location Records are Maintained and Communications Addressed (If Other Than CFO's Address)

Name (Include Title: Mr., Mrs., Ms., Dr.)

Mailing Address, Alberta

Postal Code Email Address

Primary Phone Alternate Phone

Financial Institution

Name (Include Title: Mr., Mrs., Ms., Dr.)

Mailing Address, Alberta

Postal Code Email Address

Office Phone Signing Officer(s)

Notes

1. If the third party requesting registration is a Corporation, the Primary Contact information must be that of the officer who has signing authority for it.
2. If the third party requesting registration is a Group, the Primary Contact information must be that of the Principal Officer or Principal Member. A listing of all Officers or Members must also be attached to this application.
3. Where there is any change in the above mentioned information, the registered third party shall notify the local jurisdiction in writing within 30 days of such changes by submitting a completed registration form.
4. A copy of the resolution authorizing the third party to incur election advertising expenses must be included if the third party has a governing body.

Endorsement By Third Party CFO (For Initial Registration or Change to Registration Information)

_____	_____	_____
Printed Name	Date yyyy-mm-dd	Signature of CFO

Acceptance By Local Jurisdiction (For Initial Registration or Change to Registration Information)

_____	_____	_____
Local Jurisdiction	Date yyyy-mm-dd	Authorized Signature