

APPLICATION/EXPRESSION OF INTEREST FORM Municipality of Killarney COUNCIL VACANCY

32 Commissioner St Killarney, ON POM 2A0 Tel: 705-287-2424 Fax: 705-287-2660

For appointment to Municipal Council

Please complete this application form in its entirety. Should the application form not be fully completed, the Clerk of the Municipality reserves the right to reject the application. In addition, the provision of any false or misleading information on this application will be sufficient reason for the Municipal Council to reject the application or to terminate an appointment.

Note: Any qualified electors from Ward 1 & Ward 2 may apply to fill the vacancy if they meet the eligibility requirements.

NOTE • A Council Vacancy Application in person; it may <u>not</u> be faxed of • It is the responsibility of the per- file a complete and accurate app • Please print or type information signatures)	or e-mailed. erson applying to lication.	Council Vacancy Application Form				
Council Vacancy Application of a person to be a candidate for appointment to the position of for the Municipality of Killarney						
Candidate Full Name:		For the Office of:				
Candidate's full qualifying address within the municipality						
Street Number:		Street Name:				
Municipality	Province		Postal Code			
Candidate's full mailing address	(if different from qu	alifying addres	s above)			
Street Number:		Street Name:				
Municipality	Province		Postal Code			
Declaration of Qualification and Consent						
I, the applicant mentioned in this form, declare that I am presently legally qualified to be appointed to hold the office of, and I consent to accept the appointment to that office, if appointed. I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.						

Declared before me at the Municipality of Killarney, in the District of Sudbury, this day of , 2024.		, ,,				
Signature of Clerk or Commissioner, etc.		etc.	Signature of Applicant			
Date Filed (yyyy/mm/dd)		Candidate or Agent Initial	Signature of Clerk or Designate			
Certification by Clerk or Designate I the undersigned clerk of this municipality do hereby certify that I have examined the application of the aforesaid applicant filed with me and am satisfied that the nominee is qualified to be appointed and that the appointment complies with the Act .						

Signature	Date Filed (yyyy/mm/dd)		

Eligibility Requirement	Yes	No
A Canadian citizen.		
At least 18 years of age.		
Resides or is the owner or tenant of land in the Municipality of Killarney, or the spouse of such owner or tenant		
Is not prohibited from voting		

State qualifications and experience of what you could bring to Council (add another sheet if necessary):

Deadline for Receipt of Council Vacancy Application is 3:00 p.m. on Wednesday, November 20, 2024.

Return Application Form in Sealed Envelope to: Candy Beauvais, Clerk-Treasurer The Municipality of Killarney 32 Commissioner Street Killarney, ON POM 2A0

Note: A Council Vacancy Application may only be filed in person; it may <u>not</u> be faxed or e-mailed.

Personal information on this form is collected under the authority of the *Municipal Elections Act, 1996*, and will be used for the council vacancy replacement process and will be made available for public inspection in the office of the Clerk, Municipality of Killarney, until the next municipal election. Questions about this collection of personal information should be directed to the Clerk-Treasurer, 32 Commissioner Street, Killarney Ontario POM 2A0 (705) 287-2424.

Date:_____

Signature:

(By signing this form, you consent to having your name publicly released)