

Instructions

It is the responsibility of the person being nominated to file a complete and accurate nomination paper. Please print or type information (except signatures).

Nomination paper of a person to be a candidate at an election to be held in the following municipality

BILL HAIGHT SPRINGWATER

Nominated for the Office of
MAYOR

Ward Name or Number (if any)

Nominee's name as it is to appear on the ballot paper (subject to agreement of the municipal clerk)

Last Name or Single Name
HAIGHT

Given Name(s)
WILLIAM FRANCIS

Nominee's full qualifying address within municipality

Suite/Unit Number	Street Number	Street Name
	<u>2117</u>	<u>GEORGE JOHNSON RD.</u>

Municipality
SPRINGWATER

Province
ONT

Postal Code
L9X 1C5

Mailing Address Same as qualifying address

Suite/Unit Number | Street Number | Street Name

Municipality | Province | Postal Code

If nominated for school board, full address of residence within its jurisdiction

Suite/Unit Number | Street Number | Street Name

Municipality | Province | Postal Code

Email Address
haight45c@live.ca

Telephone Number
705 333 7893

Telephone Number 2

Declaration of Qualification

I, BILL HAIGHT, declare that I am presently legally qualified (or would be presently legally qualified if I were not a member of the Legislative Assembly of Ontario or the Senate or House of Commons of Canada) to be elected and to hold the office for which I am nominated.

Bill Haight
Signature of Nominee

2022 07 15
Date (yyyy/mm/dd)

Date Received (yyyy/mm/dd)	Time Received	Initial of Nominee or Agent (if filed in person)	Signature of Clerk or Designate
<u>2022/07/18</u>	<u>10:00am</u>	<u>WFH</u>	<u>Jennifer Marshall</u>

Certification by Clerk or Designate

I, the undersigned clerk of this municipality, do hereby certify that I have examined the nomination paper of the aforesaid nominee filed with me and am satisfied that the nominee is qualified to be nominated and that the nomination complies with the Act.

Signature

Date Certified (yyyy/mm/dd)