

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
Township of Springwater, ON

Nominated for the Office of Deputy Mayor	Ward Name or Number (if any)
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Nominee's name as it is to appear on the ballot paper (subject to agreement of the municipal clerk)

Last Name or Single Name Mike	Given Name(s) Douglas
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Nominee's full qualifying address

Suite/Unit Number	Street Number 746	Street Name St Vincent Street
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Municipality Springwater	Province Ontario	Postal Code L9X 1X1
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Mailing Address Same as qualifying address

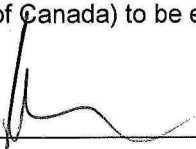
Suite/Unit Number	Street Number	Street Name
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Municipality	Province	Postal Code
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Email Address	Telephone Number	Telephone Number 2
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Declaration of Qualification

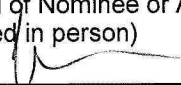

I, Michael Douglas, declare that I am presently legally qualified
(or would be presently legally qualified if I were not a member of the Legislative Assembly of Ontario or the Senate or House of Commons of Canada) to be elected and to hold the office for which I am nominated.



Signature of Nominee

2026/05/09

Date (yyyy/mm/dd)

Date Received (yyyy/mm/dd) 2026/05/11	Time Received 10:06am	Initial of Nominee or Agent (if filed in person) 	Signature of Clerk or Designate 
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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)
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Save Form

Print Form

Clear Form