

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

Nominated for the Office of

COUNCILLOR

Ward Name or Number (if any)

THREE

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

Last Name or Single Name

MAHON

Given Name(s)

HALE

Nominee's full qualifying address

Suite/Unit Number

Street Number

33

Street Name

HILLVIEW CRESENT

Municipality

SPRINGWATER

Province

ONTARIO

Postal Code

L9X 1N2

Mailing Address

☒ Same as qualifying address

Suite/Unit Number

Street Number

Street Name

Municipality

Province

Postal Code

Email Address

halemahon@springwater.egmail.com

Telephone Number

705-816-3697

Telephone Number 2

Declaration of Qualification

I, HALE MAHON

, 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

2026/07/24

Date (yyyy/mm/dd)

Date Received (yyyy/mm/dd)

2026/07/24

Time Received

2:44 PM

Initial of Nominee or Agent
(if filed in person)

AM

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 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)