

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

Springwater		
Nominated for the Office of Deputy 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 Grummett		Given Name(s) Liz
Nominee's full qualifying address		
Suite/Unit Number	Street Number 8	Street Name Maltman Cct
Municipality Springwater		Province Ontario
Postal Code L0L 2K0		
Mailing Address <input checked="" type="checkbox"/> Same as qualifying address		
Suite/Unit Number Street Number Street Name		
Municipality		Province
Postal Code		
Email Address grummett+liz@gmail.com		Telephone Number 705-716-7600
Telephone Number 2		

Declaration of Qualification

I, Liz Grummett, 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

May 1 / 2026

 Date (yyyy/mm/dd)

Date Received (yyyy/mm/dd) May 1 2026	Time Received 10:40am	Initial of Nominee or Agent (if filed in person) CG	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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