

Instructions

A nomination paper may only be filed in person or by an agent; it may not be faxed or emailed. 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

Nominated for the office of <u>Dominic Joseph Moccissey</u>		Ward name or no. (if any) <u>Ward 1</u>
<u>Councillor</u>		

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

Last Name or Single Name <u>MOCCHISSEY</u>	Given Name(s) <u>Dominic</u>
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Nominee's full qualifying address within municipality

Suite/Unit No.	Street No. <u>524</u>	Street Name <u>Wagg Rd.</u>
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Municipality <u>Uxbridge</u>	Province <u>ON</u>	Postal Code <u>L9R 0P3</u>
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Mailing Address Same as qualifying address

Suite/Unit No.	Street No.	Street Name
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Municipality	Province	Postal Code
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If nominated for school board, full address of residence within its jurisdiction


Suite/Unit No.	Street No.	Street Name
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Municipality	Province	Postal Code
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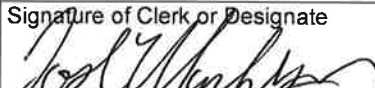
Email Address	Telephone No. (including area code)	Telephone No.2 (including area code)
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Declaration of Qualification

I, Dominic Moccissey, 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

2022/07/12
Date (yyyy/mm/dd)

Date Filed (yyyy/mm/dd) <u>2022/07/12</u>	Time Filed <u>12:16 PM</u>	Initial of Nominee or Agent <u>DM</u>	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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