CANDIDATE CONSENT DISCLOSURE

Candidate Information: Complete and sign the form below. When there are any changes to the information below, notify the City of Fort Saskatchewan Elections office at elections@fortsask.ca

Candidate Full Name	
Candidate Full Address (including Postal Code)	
Candidate Campaign Office Address (if different than above)	
Phone (campaign office)	Cell
Email	Website URL
Social Media Accounts (Platform & Username)	

I, the candidate named above, hereby grant consent to the City of Fort Saskatchewan to publish the personal information listed above to the Province of Alberta, any interested persons, organization, media source, or through posting on the City of Fort Saskatchewan website, from the date the Release is signed until the completion of the 2025 Municipal Election.

Candidate Signature _____ Date _____

The personal information on this form is being collected under the authority of section 33 (a) and (c) of the *Freedom of Information and Protection of Privacy Act.* The personal information will be used in the management and administration of the 2025 municipal election and may be disclosed as allowed or required by law. If you have any questions concerning the collection of this personal information, please contact the FOIP Coordinator at 780-992-6200.