



Applicant Information Release Form

THE CORPORATION OF THE TOWN OF MOOSONEE
Municipal Election Candidate Information Release Form

Candidate Name: _____

Office Being Sought: _____

Contact Information

Phone Number: _____

Email Address: _____

Campaign Website (Optional): _____

Authorization

I authorize the Town of Moosonee to release the contact information listed above to the public and interested parties for election-related purposes, including publication on the Town's website and candidate information materials.

- Yes, I authorize the release of my contact information.**
- No, I do not authorize the release of my contact information.**

Candidate Declaration

I understand that this authorization is voluntary and may be withdrawn in writing at any time.

Candidate Signature: _____

Date: _____

Municipal Use Only

Received By: _____

Date Received: _____

Collection Notice: Personal information is collected under the authority of the Municipal Elections Act, 1996 and will be used for the administration of the municipal election process.