FORM 16

APPENDIX "H"

Statement of Scrutineer or Official Agent

Local Authorities Election Act (Sections 16(2), 68.1, 69, 70)

The personal information collected through this form is for administering the election. This collection is authorized by section 33(c) of the *Freedom of Information and Protection of Privacy Act*. For questions about the collection of personal information, contact

Municipal Clerk/ Town of Westlock Business Title/Organization		780-350-2101 Business Phone Number	
Address	City or Town	Province	Postal Code
LOCAL JURISDICTION:	Westlock	, PROVINCE (OF ALBERTA
ELECTION DATE (OR VOTE ON A BYLAW OR QUESTION):		October 20, 2025	
I,			3
	Name of Scrutineer or Official Agent		
of			
	Complete Address and Postal Code		
in the Province of	, am at least 18 years of age and,		
(a) For the purposes of an elect	ion, will act as scrutineer on be		of Candidate
for the office of	hick Occudidate was New State	Name	
Office for v	which Candidate was Nominated		
	OR		
(b) For the purposes of a vote of interested in	on a bylaw, will act as scrutine	er for those persor	ns who are
$(\operatorname{Check} [\checkmark] \operatorname{One}) \bigcirc \operatorname{promoting} \operatorname{the}$	passing of Bylaw No.		
⊖ opposing the p	bassing of Bylaw No.		
	OR		
(c) For the purposes of a vote of persons who are interested in	•	ineer on behalf of	those
(Check $[\checkmark]$ One) \bigcirc voting in the pc	sitive on the question set out.		
⊖ voting in the ne	gative on the question set out.		
AND I will in all respects maintain	and aid in maintaining the abs	olute secrecy of th	ne vote.
	Signe	ature of Scrutineer or Offi	cial Agent

IT IS AN OFFENCE TO SIGN A FALSE STATEMENT

MSD0760 Rev. 2025-01