

C4 – Appointment of Candidate Financial Agent

PLEASE PRINT IN BLOCK LETTERS

CANDIDATE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
POSITION (E.G. MAYOR, COUNCILLOR, DIRECTOR)	JURISDICTION (E.G. MUNICIPALITY, REGIONAL DISTRICT)	ELECTION AREA (E.G. MUNICIPALITY, REGIONAL DISTRICT ELECTORAL AREA)
I hereby appoint as my Financial Agent for the:		
GENERAL VOTING DATE: (YYYY / MM / DD)	<input type="checkbox"/> General Local Election	<input type="checkbox"/> By-election
FINANCIAL AGENT'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)	CITY/TOWN	POSTAL CODE
TELEPHONE NUMBER	EMAIL ADDRESS (IF AVAILABLE)	
EFFECTIVE DATE OF APPOINTMENT: (YYYY / MM / DD)		
CANDIDATE'S SIGNATURE	DATE: (YYYY / MM / DD)	

I hereby consent to act as the Financial Agent for the above named Candidate for the:		
GENERAL VOTING DATE: (YYYY / MM / DD)	<input type="checkbox"/> General Local Election	<input type="checkbox"/> By-election
FINANCIAL AGENT ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)	CITY/TOWN	POSTAL CODE
Additional Addresses for Service Information OPTIONAL		
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) IF EMAIL WAS PROVIDED AS ADDRESS FOR SERVICE	CITY/TOWN	POSTAL CODE
FAX NUMBER	EMAIL ADDRESS IF MAILING ADDRESS WAS PROVIDED AS ADDRESS FOR SERVICE	
FINANCIAL AGENT'S SIGNATURE	DATE: (YYYY / MM / DD)	