

NOTE: The personal information on this form is being collected to support the administrative requirements of the local authorities election process and is authorized under sections 21 and 27 of the *Local Authorities Election Act* and section 33(c) of the *Freedom of Information and Protection of Privacy Act*. The personal information will be managed in compliance with the privacy provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions concerning the collection of this personal information, please contact

**Michelle Groff, Returning Officer, at (403) 863-6693; OR
RVS'FOPI Coordinator(busops@rockyview.ab.ca)**

LOCAL JURISDICTION: Rocky View School Division, PROVINCE OF ALBERTA

ELECTION DATE (OR VOTE ON A BYLAW OR QUESTION): October 20, 2025

I, _____,
(name of scrutineer or official agent)

of _____
(complete address and postal code)

in the Province of _____, am at least 18 years of age and,
(name of province)

(a) FOR THE PURPOSES OF AN ELECTION, will act as scrutineer on behalf of _____
(name of candidate)

for the office of _____
(office for which candidate was nominated)

OR

(b) FOR THE PURPOSES OF A VOTE ON A BYLAW, will act as scrutineer for those persons who are interested in

- (Check [✓] One) **promoting** the passing of
Bylaw No. _____
 opposing the passing of
Bylaw No. _____

OR

(c) FOR THE PURPOSES OF A VOTE ON A QUESTION, will act as scrutineer on behalf of those persons who are interested in

- (Check [✓] One) voting in the **positive** on the
question set out
 voting in the **negative** on the
question set out

AND I will in all respects maintain and aid in maintaining the absolute secrecy of the vote.

(Signature of Scrutineer or Official Agent)

IT IS AN OFFENCE TO SIGN A FALSE STATEMENT