

Appointment of a Chief Financial Officer

Recall Act

Initial Appointment	Update to Information
Member of Legislative Assembly Named in Petition	Electoral Division

AUTHORIZED PARTICIPANT INFORMATION					
Elector Applying for a Recall Petition	Elector Applying for a Recall Petition OR A Member of the Leg	A Member of the Legislative Assembly			
		MM DD YY			
Print Name of Authorized Participant	Signature of Authori	zed Participant			

CHIEF FINANCIAL OFFICER INFORMATION			
Surname/Last Name		Given/First Name	
Telephone Number	Email Address		
Telephone Number	Email Address		
ADDRESS INFORMATION			
Physical Address			Postal Code
Mailing Address (if different from above)			
Municipality			Postal Code

FINANCIAL INSTITUTION				
Name				
Street Address or P.O. Box	City / Town / Village / Municipality	Prov.	Postal Code	
Name(s) of Signing Officer(s)				



L-22-1506 Recall Act Section 2

Chief Financial Officer, complete the declaration, then sign and date below

CHIEF FINANCIAL OFFICER DECLARATION

I, _____ confirm that I will undertake the role and discharge the duties of a chief financial officer under the *Recall Act*.



MMIDDIYY

A person who makes a false statement in any document filed with the Chief Electoral Officer commits an offence and is liable to a fine of not more than \$50,000.

Elections Alberta Use Only:

Petition #: Status of petition application:	ACCEPTED 🗌 RE.	JECTED	Date:
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