

**Instructions**

It is the responsibility of the person being nominated to file a complete and accurate nomination paper. **Please** print or type information (except signatures).

Nomination paper of a person to be a candidate at an election to be held in the following municipality

ORANGENVILLE, ONT

Nominated for the Office of

DEPUTY MAYOR - ORANGENVILLE

Ward Name or Number (if any)

AT LARGE - ORANGENVILLE

Nominee's name as it is to appear on the ballot paper (subject to agreement of the municipal clerk)

Last Name or Single Name

TAYLOR

Given Name(s)

TODD

Nominee's full qualifying address within municipality

Suite/Unit Number

43

Street Number

Street Name

ZINA

STREET

Municipality

ORANGENVILLE

Province

ONT

Postal Code

L9W 1E3

Mailing Address

Same as qualifying address

Suite/Unit Number

43

Street Number

Street Name

ZINA

STREET

Municipality

ORANGENVILLE

Province

ONT

Postal Code

L9W 1E3

If nominated for school board, full address of residence within its jurisdiction

Suite/Unit Number

Street Number

Street Name

Municipality

ORANGENVILLE

Province

ONT

Postal Code

Email Address

VOTE TODD TAYLOR @GMAIL.COM

Telephone Number

416 574 1894

Telephone Number 2

**Declaration of Qualification**

I, TODD TAYLOR, declare that I am presently legally qualified

(or would be presently legally qualified if I were not a member of the Legislative Assembly of Ontario or the Senate or House of Commons of Canada) to be elected and to hold the office for which I am nominated.

  
Signature of Nominee

MAY 16 2022  
Date (yyyy/mm/dd)

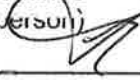
Date Received (yyyy/mm/dd)

2022/05/16

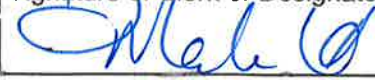
Time Received

9:30 a.m.

Initial of Nominee or Agent  
(if filed in person)



Signature of Clerk or Designate



**Certification by Clerk or Designate**

I, the undersigned clerk of this municipality, do hereby certify that I have examined the nomination paper of the aforesaid nominee filed with me and am satisfied that the nominee is qualified to be nominated and that the nomination complies with the Act.

Signature

Date Certified (yyyy/mm/dd)