



The Corporation of the Township of Moonbeam
53 St. Aubin Avenue, PO Box 330
Moonbeam, ON P0L 1V0
TEL (705)-367-2244 FAX (705)-367-2610
moonbeam@moonbeam.ca

Schedule C

COUNCIL APPOINTMENT CONSENT OF NOMINEE FORM

NOMINEE INFORMATION

First Name: _____

Last Name: _____

Qualifying Address: _____

Mailing Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Email Address: _____

CONSENT OF NOMINEE

I, _____, the person mentioned in this Consent of Nominee, declare that I am presently legally qualified to be appointed to hold the office of _____, and I consent to accept the appointment to that office. I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Signature of Candidate **Date**

<p>Filing:</p> <p>Filed date: _____ Filed Time: _____ Nominee Initials: _____</p> <p>Clerk or Designate Signature: _____</p>
