

RELEASE OF CANDIDATE INFORMATION FORM
Lac La Biche County *(optional)*

I, _____, hereby consent to the release by Lac La Biche County the following personal information about me to any interested person or organization, including the media, from the date of signing this Release until the completion of the 2025 municipal election.

I acknowledge that Lac La Biche County *may* publish my candidate information on the Lac La Biche County website.

Candidate Information *(as applicable)*

Campaign Office Address _____

Phone Number(s) _____

Email Address _____

Website Address _____

Social Media Account(s)

platform _____ username _____

platform _____ username _____

platform _____ username _____

Signature

Date

Collection and Use of Personal Information

Personal information is being collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act* and will be used and disclosed as required for the management and administration of election process under the *Local Authorities Election Act*. If you have questions regarding the collection, use or disclosure of this information, please contact the FOIP Coordinator at 780-623-6740.