



# Election Sign Application Form

## Part 1 – Instructions to Candidates and Registered Third Parties

Submit this form along with your election sign deposit in the appropriate amount identified in Part 2. Payment may be made by cash, debit or cheque payable to the Town of Lincoln. Receipts will be at the time of submission.

## Part 2 – Candidate and Registered Third Party Identification & Fee

Please select the appropriate category:

- Mayor/Regional Councillor (\$250.00)
- Ward Councillor (\$200.00)
- Registered Third Party or School Board Trustee (\$200.00)
- Federal or Provincial Candidate (\$200.00)

Note: The election sign **deposit** should be reflected on your Form 4E(20) – Financial Statement.

## Part 3 – Candidate and Registered Third Party Information

<b>Surname (or single name):</b>	<b>Given name(s):</b>
<b>Telephone number:</b>	<b>Email address:</b>
<b>Contact person (if different than above):</b>	
<b>Telephone number:</b>	<b>Email address:</b>

## Part 4 – Declaration of Candidate/Registered Third Party or Authorized Representative

By completing and submitting this application, along with the associated fees, I acknowledge that I am permitted to place election signs within the Town of Lincoln in accordance with the Town of Lincoln Election Sign By-law. I confirm that I have read and agree to comply with all provisions of the Election Sign By-law. I acknowledge and accept that I am responsible for ensuring that all election signs are safely erected or securely affixed to the locations where they are placed. I understand that any violations of the by-law will result in deductions from the election sign deposit. Should the cost of violations exceed the amount of the deposit, I acknowledge that I will be issued an invoice for the outstanding amount within ninety (90) days following Voting Day. I further understand that election sign penalties are the personal responsibility of the candidate and are not to be included on Form 4E(20) – Financial Statement.

**Signature of Candidate/Registered Third Party or Authorized Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## For office use only:

Received by (signature): \_\_\_\_\_ Date: \_\_\_\_\_

The personal information on this form is collected under the authority of the Town of Lincoln Election Sign By-law. The information will be used to administer the collection of required fees. This form will be available for public inspection in the Legislative Services Department. Questions may be directed to the Department, [clerks@lincoln.ca](mailto:clerks@lincoln.ca) or 905-563-2799.