



**CANDIDATE INFORMATION
CONSENT FORM
2018 Municipal Elections**

- New Information
- In Addition to Existing Information
- Replaces Existing Information

Candidate's Name (Please Print)

Office

Ward (if applicable)

PLEASE SIGN ONLY ONE OF THE FOLLOWING SECTIONS:

I hereby consent to have the following personal information provided on my completed Nomination Paper posted on the Township of West Lincoln's 2018 Election website. **NOTE: Fill in only the information you want provided.**

Name _____

Address _____

Home Phone Number _____

Email _____

Signature of Candidate

Date

OR:

I do not consent to any of my personal information from my completed Nomination Paper, other than my name, being posted on the Township of West Lincoln's 2018 Municipal Election website.

Signature of Candidate

Date