2021 Municipal By-Election
Town of Crossfield Candidate Contact Information

NAME: _____

OFFICE NOMINATED FOR: COUNCILLOR

CIVIC ADDRESS: _____

MAILING ADDRESS:

_____

_____

PHONE: _____

CELL: _____

E-MAIL:_____

DISCLAIMER

I, _____,
(print name).

As a potential candidate for the position of Councillor, give permission for my name and phone number to be released for publication purposes, both to the press, and to the Town of Crossfield for use on their website.

_____, _____
Signature Date