



Withdrawal of Nomination
Form EL19
Municipal Elections Act, 1996 s.36

I, _____, hereby withdraw my own name as candidate for
Name (Please Print)

- Mayor Deputy Mayor Councillor School Board Trustee

Signature of Candidate

Date

As Agent, I, _____, file this withdrawal on behalf of
Name (Please Print)

Candidate's Name (Please Print)

Signature of Agent

Date

Clerk's Confirmation	
This Withdrawal delivered to me at _____ (time) this _____ day of	
_____, 2026.	
_____ Signature of Clerk or Designate	Stop: Check ID of person filing withdrawal.

Privacy Statement: Information on this form is being collected under the authority of the *Municipal Elections Act* and will be used for the nomination process in the 2026 Municipal Election. Please note that this form, once signed, will be available for inspection by members of the public at the Clerk's Office in accordance with the applicable legislation. Questions about the collection of this information may be directed to the Returning Officer/Clerk at the Town of LaSalle, 5950 Malden Road, LaSalle, N9H 1S4, Telephone: 519-969-7770.