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

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

☐ Councillor

_____ _____
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

_____, 2025.

_____
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 2025 Municipal By-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.