

AFFIDAVIT

I, _____ (FULL NAME WITH MIDDLE INITIAL) _____, pursuant to the Municipal Government Act, Chapter M-26 of the RSA 2000, and amendments thereto, of the _____ (MUNICIPALITY) _____ of _____ (DOGPATCH) _____, in the Province of Alberta, MAKE OATH AND SAY:

1. THAT I was personally present and did witness those signatures on the attached petition where I have signed my name as an adult person.
2. THAT to the best of my belief the persons whose signatures I have witnessed on this petition are electors of the _____ (MUNICIPALITY OF DOGPATCH) _____.

SWORN (or affirmed) before me at
_____ (MUNICIPALITY OF DOGPATCH) _____)
in the Province of Alberta,
this _____ day of _____)
_____ (MONTH) _____)
20_____.)

_____ (Signature of witness) _____)
A Commissioner for Oaths/Notary Public in and
for the Province of Alberta

*(PRINT OR STAMP NAME HERE)

MY APPOINTMENT EXPIRES _____

* (Must be legibly printed or stamped)