

THE CHIEF ELECTORAL OFFICER MUST BE NOTIFIED IN WRITING WITHIN FIVE DAYS OF ANY CHANGES

PLEASE PRINT IN BLOCK LETTERS

CANDIDATE NAME

PARTY AFFILIATION (IF ANY)

CHECK BOX		OLD INFORMATION NAME, ADDRESS, TELEPHONE, E-MAIL	NEW INFORMATION NAME, ADDRESS, TELEPHONE, E-MAIL	EFFECTIVE DATE
<input type="checkbox"/>	Candidate			
<input type="checkbox"/>	Official Agent			
<input type="checkbox"/>	Financial Institution			
<input type="checkbox"/>	Auditor			
<input type="checkbox"/>	Withdrawal of Candidate			

Declaration

I declare, to the best of my knowledge and belief, that the information contained in this form is complete, true and correct and is in compliance with the Elections Act.

DATE

PRINT NAME

CANDIDATE SIGNATURE