



## CANDIDATE INFORMATION RELEASE CONSENT FORM

2025 City of Hamilton Ward 8 By-Election

<input type="checkbox"/> New Information	<input type="checkbox"/> In Addition to Existing Information
<input type="checkbox"/> Replaces Existing Information	

\_\_\_\_\_  
Candidate's Name (Please Print)

\_\_\_\_\_  
Councillor  
Office

\_\_\_\_\_  
8  
Ward

**PLEASE SIGN ONLY ONE OF THE FOLLOWING SECTIONS:**

I hereby consent to have all personal information provided on my completed Nomination Paper posted on the City of Hamilton's Election website.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

**OR:**

I hereby consent to have only the following information from my completed Nomination Paper posted on the City of Hamilton's Election website:

<input type="checkbox"/> Address	<input type="checkbox"/> Fax Number
<input type="checkbox"/> Home Phone Number	<input type="checkbox"/> E-mail Address
<input type="checkbox"/> Business Phone Number	

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

**OR:**

I do not consent to any of my personal information from my completed Nomination Paper, other than my name, being posted on the City of Hamilton's Municipal Election website.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date