

**Instructions**

It is the responsibility of the person being nominated to file a complete and accurate nomination paper. Please print or type information (except signatures).

Nomination paper of a person to be a candidate at an election to be held in the following municipality  
**Scugog, Uxbridge and Brock**

Nominated for the Office of <b>Durham Catholic District School Board Trustee</b>	Ward Name or Number (if any)
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Nominee's name as it is to appear on the ballot paper (subject to agreement of the municipal clerk)

Last Name or Single Name <b>Robins</b>	Given Name(s) <b>Tim</b>
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Nominee's full qualifying address within municipality

Suite/Unit Number	Street Number <b>207</b>	Street Name <b>Summit Drive</b>
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Municipality <b>Caesarea</b>	Province <b>Ontario</b>	Postal Code <b>L0B 1E0</b>
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Mailing Address  Same as qualifying address

Suite/Unit Number	Street Number	Street Name
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Municipality	Province	Postal Code
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If nominated for school board, full address of residence within its jurisdiction

Suite/Unit Number	Street Number <b>207</b>	Street Name <b>Summit Drive</b>
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Municipality <b>Caesarea</b>	Province <b>Ontario</b>	Postal Code <b>L0B 1E0</b>
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Email Address [REDACTED]	Telephone Number [REDACTED]	Telephone Number 2
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**Declaration of Qualification**

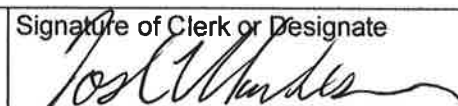
I, Tim Robins, declare that I am presently legally qualified (or would be presently legally qualified if I were not a member of the Legislative Assembly of Ontario or the Senate or House of Commons of Canada) to be elected and to hold the office for which I am nominated.



Signature of Nominee

**2022/08/16**

Date (yyyy/mm/dd)

Date Received (yyyy/mm/dd) <b>2022/08/17</b>	Time Received <b>1:00 PM</b>	Initial of Nominee or Agent (if filed in person) <b>T</b>	Signature of Clerk or Designate 
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**Certification by Clerk or Designate**

I, the undersigned clerk of this municipality, do hereby certify that I have examined the nomination paper of the aforesaid nominee filed with me and am satisfied that the nominee is qualified to be nominated and that the nomination complies with the Act.

Signature	Date Certified (yyyy/mm/dd)
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