FORM 5:   CERTIFICATE OF ELECTION OF COUNCILLOR

I certify that _____ was duly elected to the office
(name of successful candidate)

of ___Councillor___ of the Community Government of _____
(name of office)   *(place of community government)*

on _____, 20___, for a term beginning at 12 noon on Tuesday,   , 20 or when
(date)

sworn in if that is later, and ends at 12 Noon, <u>Tuesday,_____</u>, 20 .

Dated at _____ on _____, 20 .
(place)   *(date)*

_____
(Signature of Returning Officer)