

FORM I (FRONT)

[Clauses 67(3)(a),(b),(c),(d),(g) & (h) and subsections 67(3), (4) & (5) of the Act]
[Subsection 37(1) of the Regulations]

Nomination

We the undersigned, being voters of the:

TOWN of BALGONIE
(Municipality)

nominate \_\_\_\_\_,
(Name)

of \_\_\_\_\_, to be a candidate at the election
(Street/road address or legal description of land)

to be held on the 13th day of November, 2024 for the office of:

(Complete one)

Mayor/Reeve: \_\_\_\_\_ of \_\_\_\_\_
(Municipality)

Councillor: \_\_\_\_\_ of \_\_\_\_\_
(Municipality)

Table with 3 columns: Signature \*, Name (printed), Street/Road Address or Legal Description of Land. Multiple rows for signatures.

5 signatures for a municipality with a population of less than 20,000 (except for Rural Municipalities)

FORM I (BACK)
[Clauses 67(3)(a)(b)(c)(d)(g) & (h) of the Act]
[Subsection 37(1) of the Regulations]

Candidate's Acceptance

I, \_\_\_\_\_,
(Name as it will appear on the ballot)

a(n) \_\_\_\_\_,
(Occupation)\*

a candidate nominated for the office of: (complete as applicable)

Mayor/Reeve: \_\_\_\_\_ of \_\_\_\_\_
(Municipality)

Councillor: \_\_\_\_\_ of \_\_\_\_\_
(Municipality)

declare that:

- 1 I am the full age of 18 years or will attain the full age of 18 years on or before election day;
2 I am a Canadian citizen;
3 If elected, I will accept the office for which I was nominated; and
4 I am not disqualified by The Local Government Election Act, 2015 or any other Act from holding the office for which I am a candidate;

For municipalities - excluding rural municipalities and resort villages
5 I have resided in Saskatchewan for at least six consecutive months immediately preceding the date on which this nomination paper is submitted; and
6 I have resided in the municipality, or on land now in the municipality, for at least three consecutive months immediately preceding the date on which this nomination paper is submitted.

Candidate's preferred contact information
(Candidates must provide at least one of the following)
Home Phone Number: \_\_\_\_\_
Cell Phone Number: \_\_\_\_\_
Email Address: \_\_\_\_\_
Other Contact Information: \_\_\_\_\_

Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(Signature of Candidate)

(Witness)

(Witness)