VILLAGE OF BUENA VISTA PUBLIC DISCLOSURE STATEMENT

Form 1

| Name: | | | |
|------------------------|--|--|--|
| Addres | s: | | |
| | ire of Employer, etc.: | | |
| 160(2)(a) corporati | to (subclause 116(2)(a)(i) of <i>The Cities A</i> (i) of <i>The Northern Municipalities Act, 20</i> ion, organization, association, or other boses performed as an employee, director, r | 10), I hereby disclose th ody from which I or som | e name of every employer, person, eone in my family receives remuneration |
| | My Name or Name of Family Member | Payer | Nature of Relationship |
| | | | |
| | | | |
| | | | |
| | | | |
| Disclosu | re of Corporate Interests: | | |
| 160(2)(a) | to (subclause 116(2)(a)(ii) of <i>The Cities A</i> (ii) of <i>The Northern Municipalities Act, 20</i> e in my family has a controlling interest, o | 110), I hereby disclose th | ne name of each corporation in which I or |
| | My Name or Name of Family Member | Name of Corporation | |
| | | | |
| | | | |
| | | | |

Disclosure of Partnerships:

Pursuant to (subclause 116(2)(a)(iii) of *The Cities Act /* subclause 142(2)(a)(iii) of *The Municipalities Act /* subclause 160(2)(a)(iii) of *The Northern Municipalities Act, 2010*), I hereby disclose the name of each partnership or firm of which I or someone in my family is a member:

| My Name or Name of Family Member | Name of Partnership or Firm |
|----------------------------------|-----------------------------|
| | |
| | |
| | |

Disclosure of Other Involvements:

Pursuant to (subclause 116(2)(a)(iv) of *The Cities Act /* subclause 142(2)(a)(iv) of *The Municipalities Act /* subclause 160(2)(a)(iv) of *The Northern Municipalities Act, 2010*), I hereby disclose the name of any corporation, enterprise, firm, partnership, organization, association, or body that I or someone in my family directs, manages, operates or is otherwise involved in that:

- (a) transacts business with the municipality;
- (b) the council considers appropriate or necessary to disclose; or
- (c) is prescribed:

| My Name or Name of Family Member | Name of Corporation, Enterprise, Firm, Partnership, | |
|----------------------------------|---|--|
| | Organization, Association, or Body | |
| | | |
| | | |
| | | |
| | | |

Disclosure of Property Holdings:

Pursuant to (clause 116(2)(b) of *The Cities Act /* clause 142(2)(b) of *The Municipalities Act /* clause 160(2)(b) of *The Northern Municipalities Act, 2010*), I hereby disclose the municipal address or legal description of any property located in the municipality or an adjoining municipality that is owned by:

- (a) me or someone in my family; or
- (b) a corporation, incorporated or continued pursuant to *The Business Corporations Act* or the *Canada Corporations Act*, of which I or someone in my family is a director or senior officer or in which I or someone in my family has a controlling interest:

| Owner(s) | Municipal Address or Legal | Municipality |
|----------|----------------------------|--------------|
| | Description | |
| | | |
| | | |
| | | |
| | | |

Disclosure of Contracts and Agreements:

Pursuant to (clause 116(2)(c) of *The Cities Act /* clause 142(2)(c) of *The Municipalities Act /* clause 160(2)(c) of *The Northern Municipalities Act, 2010*), I hereby disclose the general nature and any material details of any contract or agreement involving me or someone in my family that could reasonably be perceived to be affected by a decision, recommendation or action of the council and to affect my impartiality in the exercise of my office:

| My Name or Name of Family Member | General Nature and Any Material Details of Any |
|----------------------------------|--|
| | Contract |
| | or Agreement |
| | |
| | |

DECLARATION

| I,, of the [FULL NAME OF MUNICIPALI | TY], in the Province of Saskatchewan, do hereby |
|---|---|
| declare that to the best of my knowledge, inf | formation and belief, the statements and allegations |
| contained and made in this form are true and | d complete, and I make this declaration for the purpose |
| of official registration, in the full knowledge t | hat it will be available for public examination. |
| | |
| | |
| | |
| Date dalling day of | |
| Dated this day of, 20 | |
| | |
| | |
| Witness | Signature of Declarant |
| Withess | Signature of Dectarant |
| | |
| | |
| | |
| Date Received: | |
| | |
| Administrator Signature: | |
| | |