## 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:						
(Munie	of					
(mana	ipaniy)					
nominate	,,,,,,,,			,		
	(Name)					
of	s or legal description of land)	,	to be a cano	didate at the election		
(Street/road addres	s or legal description of land)					
to be held on the	day of		, 20	for the office of:		
(Complete one)						
Mayor:	(Municipality)	of				
	(Municipality)					
Councillor:		_ of _				
	(Municipality)					
Signature *	Name (printed)		Street/Road	Address or		
			Legal Descrip	otion of Land		

\* require at least

• 5 signatures for a municipality with a population of less than 20,000

## 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 cand	didate nominated for the office of: (complete as applicable)				
Mayo	or: of				
	(Municipality)				
Cour	ncillor: of				
	(Municipality)				
decla	re that:				
	<b>1</b> 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 <i>The Local Government Election Act, 2015</i> or any other Act from holding the office for which I am a candidate;				
For 1	municipalities – excluding rural municipalities and resort villages				
	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, thisday of	, 20		
(Signature of Candidate) (Wi	(Witness)		

(Witness)