

## 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 Tisdale

nominate \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
(Last Name) (First Name)

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

to be held on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ for the office of:  
(Complete one)

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

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

\* require at least

- *25 signatures for a municipality with a population of 20,000 or more (except for Rural Municipalities);*
- *5 signatures for a municipality with a population of less than 20,000 (except for Rural Municipalities); or*
- *2 signatures 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)