

CITY OF MELFORT

FORM I

NOMINATION

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

We, the undersigned, being voters of the **City of Melfort**, hereby nominate

_____, _____,
(Name of Candidate) (Occupation)

of _____, to be a candidate at the election to be
(street address or legal land description)

held on the 26th day of October, 2016, for the office of:

<p>_____ of City of Melfort (Specify Mayor or Councillor)</p>
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NOMINATOR'S SIGNATURE	NAME OF NOMINATOR <i>(print name)</i>	NOMINATOR'S STREET ADDRESS OR LEGAL LAND DESCRIPTION
1.		
2.		
3.		
4.		
5.		

The signatures of at least five voters are required in support of the nomination.

Nominators must be:

- at least 18 years of age on election day; a Canadian citizen; and
- immediately before election day, a resident of Saskatchewan for at least six months and either:
 - (a) a resident of Melfort for at least three consecutive months; or
 - (b) the owner of assessable land situated in Melfort for at least three consecutive months.

CITY OF MELFORT

CANDIDATE'S ACCEPTANCE

[Clauses 67(3)(a)(b)(c)(d)(g) & (h) and subsection 67(5) of the Act]

[Subsection 37(1) of the Regulations]

I, _____, a(n) _____,
(Print name as it will appear on the ballot) [Occupation (note that space is limited)]

a candidate nominated for the office of:

_____ of City of Melfort
(Specify Mayor or Councillor)

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 and have resided in Saskatchewan for at least six consecutive months immediately preceding the date on which this nomination paper is submitted;
3. 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;
4. If elected, I will accept the office for which I was nominated;
5. I have resided in the City of Melfort for at least three consecutive months immediately preceding the date on which this nomination is submitted.

OPTIONAL – fill in only the information you wish to release

Information for the Public:

As a candidate, I hereby authorize the release of the following information to the public if requested:

Telephone: _____ Fax Number: _____
Mailing Address: _____
e-mail address: _____

Dated at _____, Saskatchewan, this _____ day of _____, 2016.

(Signature of Candidate)

(Witness)

(Witness)

