Appendix C

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:

Rural Municipality of Clinworth No. 230
(Municipality)

Division No. _____

nominate _____, of _____
(Name)

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

to be held on the 9th day of November, 20 26 for the office of:

Mayor/Reeve: _____ of _____
(Municipality)

Councillor: _____ of _____
(Municipality)

Division No. _____

*Signature**	*Name (printed)*	*Street/Road Address or Legal Description of Land*
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*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 must accompany a completed public disclosure statement and criminal record check*

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) _____

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

Mayor/Reeve: _____ of _____
(Municipality)

Councillor: _____ of _____
(Municipality)
Division No. _____

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 rural municipalities

☐ **5** I am eligible to vote in the municipality;

☐ **6** I am a resident of Saskatchewan;

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

Dated at _____, this _____ day of _____, 20 _____.

_____ _____
(Signature of Candidate) *(Witness)*

_____
(Witness)