

LOCAL GOVERNMENT ELECTION, 2015

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 Lampman

nominate _____
(Name)

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

to be held on the 18th day of March, 2026 for the office of:

Councillor: Town of Lampman

Signature *

Name (printed)

*Street/Road Address or
Legal Description of Land*

* require at least

- 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:

Councillor: Town of Lampman

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)

FORM B.1
[Clause 6.1(1)(a)]

RESULTS OF CRIMINAL RECORD
CHECK FOR CANDIDATE FOR ELECTION

NAME OF CANDIDATE:	Last Name	Given Name	Middle Name
PREVIOUS NAME and/or ANY OTHER NAMES USED:			
ADDRESS:	Apt.#	Street/Avenue	
City/Town	Province/Postal Code	Telephone Number	
DATE OF BIRTH:	Year/Month/Day	PLACE OF BIRTH:	
GENDER: Male / Female			
MUNICIPALITY:	of	(town, northern village, northern hamlet)	
NAME OF LOCAL POLICE SERVICE THAT CONDUCTED CHECK:			
CRIMINAL RECORD CHECK ATTACHED: Yes / No			
<p><i>Note: The criminal record check from the local police service must be attached to this form to be acceptable for submission with the nomination paper and must have been completed not more than 30 days before the date of submission.</i></p>			
<p>STATEMENT OF CONSENT: <i>I consented to a search of all records available at the time the search was conducted, including charges before the courts (including active alternative measures, stays of proceedings entered within one year of this request and findings of unfit to stand trial), findings of guilt or convictions (including youth records accessible under subsection 119(2) of the Youth Criminal Justice Act) and court orders (including peace bonds, restraining orders and recognizances under sections 810.01, 810.1 or 810.2 of the Criminal Code) registered in my name in the National Repository and local records available to the police service. I understand that if a possible record existed, it would not be disclosed until identification was confirmed by either myself or by fingerprints. I also understand that apprehensions, orders or other records relating to The Mental Health Services Act or The Youth Drug Detoxification and Stabilization Act were not disclosed.</i></p>			
<p><i>I understand criminal record checks submitted pursuant to section 89.1 of The Municipalities Act:</i></p> <ul style="list-style-type: none"> • are not considered to be for a volunteer position; • are not considered to be for a position with the vulnerable sector; • do not require fingerprint verification for the sake of submission with the nomination paper and it was my option to submit a fingerprint verification to confirm my identity and record or lack of a record; • do not require a release of information to a third party because I received the results personally; and • are not required to include copies of the records themselves. 			
Dated this _____ day of _____ 20 _____. Signature: _____			

TOWN OF LAMPMAN
PUBLIC DISCLOSURE STATEMENT
Form 1

Name: _____

Address: _____

Disclosure of Employer, etc.:

Pursuant to subclause 142(2)(a)(i) of *The Municipalities Act*, I hereby disclose the name of every employer, person, corporation, organization, association, or other body from which I or someone in my family receives remuneration for services performed as an employee, director, manager, operator, contractor, or agent:

My Name or Name of Family Member	Payer	Nature of Relationship

Disclosure of Corporate Interests:

Pursuant to subclause 142(2)(a)(ii) of *The Municipalities Act*, I hereby disclose the name of each corporation in which I or someone in my family has a controlling interest, or of which I or someone in my family is a director or a senior officer:

My Name or Name of Family Member	Name of Corporation

Disclosure of Partnerships:

Pursuant to subclause 142(2)(a)(iii) of *The Municipalities Act*, 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 142(2)(a)(iv) of *The Municipalities Act*, 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 142(2)(b) of *The Municipalities Act*, 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 Description	Municipality

Disclosure of Contracts and Agreements:

Pursuant to clause 142(2)(c) of *The Municipalities Act*, 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 TOWN OF LAMPMAN, in the Province of Saskatchewan, do hereby declare that to the best of my knowledge, information and belief, the statements and allegations contained and made in this form are true and complete. I make this declaration for the purpose of official registration in the full knowledge that it will be available for public examination.

Dated this ____ day of _____, 20 ____.

Witness

Signature of Declarant

Date Received: _____