

**Nomination**  
**RURAL MUNICIPALITY OF LAKE LENORE NO.399**

We the undersigned, being voters of the:

The Rural Municipality of Lake Lenore No. 399  Division No. _____
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nominate \_\_\_\_\_ , \_\_\_\_\_  
*(Name)*

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

to be held on the 13th day of November , 2024 for the office of:

<b>Reeve:</b> _____ of _____ <i>(Municipality)</i>
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<b>Councillor:</b> _____ of _____ <i>(Municipality)</i>  Division No. _____
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<i>Signature *</i>	<i>Name (printed)</i>	<i>Street/Road Address or Legal Description of Land</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*\* 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.

**Candidate's Acceptance**  
**RURAL MUNICIPALITY OF LAKE LENORE NO.399**

I, \_\_\_\_\_,  
*(Name as it will appear on the ballot)*

a candidate nominated for the office of:

**Reeve:** The Rural Municipality of Lake Lenore No. 399

**Councillor:** The Rural Municipality of Lake Lenore No. 399  
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: \_\_\_\_\_

Other Contact Information: \_\_\_\_\_

Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
*(Signature of Candidate)*

\_\_\_\_\_  
*(Witness)*

\_\_\_\_\_  
*(Witness)*