

NOMINATION

(Clauses 67(3)(a), (b), (c), (d), (g) & (h) and subsections 67(3), (4) & (5) of the Act)
[Subsection 37(1) of the Regulations]

Form I (front)

We, the undersigned, being electors of the Town of Duck Lake nominate

_____, of _____,
(name) (civic address)

Duck Lake, Saskatchewan, to be a candidate at the by-election to be held on the
22nd day of April, 2026, for the office of: COUNCILLOR, Town of Duck Lake.

Signature	Printed Name	Address

Form I (back)

CANDIDATE'S ACCEPTANCE

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

[Subsection 37(1) of the Regulations]

I, _____, a(n) _____,
(name as it will be on ballot) (occupation)

a candidate nominated for the office of:

COUNCILLOR: Town of Duck Lake

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;
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.

Dated at _____,

this _____ day of _____, 2026.

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: _____ PLACE OF BIRTH: _____
Year/Month/Day

GENDER: Male / Female

MUNICIPALITY: _____ of _____
(town, northern village, northern hamlet) (name of municipality)

NAME OF LOCAL POLICE SERVICE THAT CONDUCTED CHECK: _____

CRIMINAL RECORD CHECK ATTACHED: Yes / No

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.

STATEMENT OF CONSENT:

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 understand criminal record checks submitted pursuant to section 89.1 of The Municipalities Act:

- 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 DUCK LAKE
PUBLIC DISCLOSURE STATEMENT
Form 1**

Name: _____

Address: _____

Disclosure of Employer, etc.:

Pursuant to (subclause 116(2)(a)(i) of *The Cities Act*/subclause 142(2)(a)(i) of *The Municipalities Act*/subclause 160(2)(a)(i) of *The Northern Municipalities Act, 2010*), 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	Payee	Nature of Relationship

Disclosure of Corporate Interests:

Pursuant to (subclause 116(2)(a)(ii) of *The Cities Act*/subclause 142(2)(a)(ii) of *The Municipalities Act*/subclause 160(2)(a)(ii) of *The Northern Municipalities Act, 2010*), 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 116(2)(a)(iii) of *The Cities Act*/subclause 142(2)(a)(iii) of *The Municipalities Act*/subclause 160(2)(a)(iii) of *The Northern Municipalities Act, 2010*), 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

Note:

1. This form must be completed within 30 days of election.
2. This form, when completed, is a public document.
3. The administrator will make amendments to this disclosure in accordance with subsequent declarations filed by the member.
4. The administrator will note the date on which this statement is amended.

Disclosure of Business Arrangements:

Pursuant to (subclause 116(2)(a)(iv) of *The Cities Act*/subclause 142(2)(a)(iv) of *The Municipalities Act*/subclause 160(2)(a)(iv) of *The Northern Municipalities Act, 2010*), 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 disclose²; 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 116(2)(b) of *The Cities Act*/clause 142(2)(b) of *The Municipalities Act*/clause 160(2)(b) of *The Northern Municipalities Act, 2010*), I hereby disclose the municipal address or legal description of any property located in the municipality or an adjoining municipality that is owned by:

- (i) me or someone in my family; or
- (ii) 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 116(2)(c) of *The Cities Act*/clause 142(2)(c) of *The Municipalities Act*/clause 160(2)(c) of *The Northern Municipalities Act, 2010*), 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

² Described in a municipal policy or bylaw

DECLARATION

I, _____, of the [FULL NAME OF MUNICIPALITY], 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, and 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: _____