

Form I (BACK)

Candidate's Acceptance

I, _____, a candidate nominated for the office of
(name as it will appear on the ballot)

Councillor: Town of Watrous

Declare that:

1. I am the full age of 18 years or will be on election day;
2. I am a Canadian citizen and I 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* 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 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 in the Town of Watrous; and
6. My preferred contact information is as follows (choose at least one):
 - a) Home Phone Number: _____
 - b) Cell Phone Number: _____
 - c) Email Address: _____
 - d) Other Contact Information: _____

Dated at the Town of Watrous this _____ day _____, 2024.

Signature of Candidate

Witness

Witness

Town of Watrous
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	Payee	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 Business Arrangements:

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:

- (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 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 Watrous 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: _____



Consent for the Release of Police Information

Applicant Information				
Last Name		Given Name 1		Given Name 2
Gender <input type="radio"/> Male <input type="radio"/> Female	Date of Birth (yyyy-mm-dd)	Current Address		
City		Province	Postal Code (A9A 9A9)	Telephone Number (include area code)
Place of Birth		Usual First Name or Alias		Maiden Name or any Other Last Name
Name at Birth		Previous Names or Legally Changed Names		
Previous Addresses				
Provide previous addresses if less than 5 years at current address.				
Address		City	Province	Postal Code (A9A 9A9)
Consent				
<p>Important - Informed Consent (provided by the individual): As an individual providing informed consent to have these sources of police information reviewed and disclosed, it is important that you understand the nature of the information that may be contained in them. By agreeing to allow your personal information to be disclosed to a prospective employer or organization, you acknowledge that you understand that your suitability could be determined based on the information disclosed. The suitability criteria are established and controlled by the employer or the organization - not the police agency or authorized body conducting the checks. The police agency or authorized body is not involved with, or responsible for, decisions that are made by the employer or organization.</p>				
Signature of Applicant				
I consent to a search of all records and information available at the time the search is conducted, including non-conviction information, charges before the courts, findings of guilt or convictions and court orders registered in my name in the National Repository of Criminal Records and local records available to the police service. I understand that if information or a possible record exists, it will not be disclosed until identification has been confirmed by either myself or by fingerprints.				
Signature			Date of Consent (yyyy-mm-dd)	
Requesting Organization				Fingerprint
<input type="checkbox"/> Record Check results will be picked up in person by the applicant				For card scan submissions only.
Identity of the organization that is requesting and should receive the results of the record checks.				
Name of Person or Organization		Address		
City	Province	Postal Code (A9A 9A9)		
Waiver for Consent of Release of Information to Third Party				
I consent to the release of any and all information from available records to the authorized person of the above indicated Organization/Company/Firm.				
Signature		Date (yyyy-mm-dd)		Finger
Type of Record Check Required				
To be completed by the applicant (initial type of record check being requested).				
Type	Description	Additional Requirements	Initial	
Name-Based Criminal Record Check	A query, based on name and date of birth, of active criminal files in the RCMP National Repository of Criminal Records. Used to determine the possible existence of a criminal record. Generally used as a preliminary search only to determine if a Fingerprint-based Criminal Record Check may be required. The query may also include a search of court records and a query of records management systems in other police agencies' jurisdictions through the Police Information Portal (PIP) or other data sharing systems.	N/A		
Fingerprint-Based Criminal Record Check	A fingerprint-based search of the RCMP's national repository of fingerprints and criminal record information. The results of the search will produce a document that includes criminal record information where the identity of the applicant has been verified by fingerprints.	N/A		
Vulnerable Sector Check	A Vulnerable Sector Check is the most comprehensive type of check. It includes a query based on name and date of birth of a local police agency's records management system, commonly referred to as a local indices's check, in addition to queries of CPIC Identification, Investigative, and Intelligence Data Banks. The query may also include a search of court records and a query of records management systems in other police agencies' jurisdictions through the Police Information Portal (PIP) or other data sharing systems.	<input type="checkbox"/> Form 3923 completed and attached		
Declaration of Criminal Records	This will result in the RCMP detachment providing a list of all of the criminal convictions and related information that are included on the criminal record on CPIC. This may only be provided by the detachment where the applicant lives.	<input type="checkbox"/> Form 6359 completed and attached		
Identification Provided				
To be completed by the RCMP employee.				
Applicant Identification Type 1	Applicant Identification Type 2	RCMP Employee Name	HRMIS Number	