

SPLATSIN  
CHIEF AND COUNCIL ELECTION 2024

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**Mail-In Nomination Form**

I, \_\_\_\_\_, band # \_\_\_\_\_  
(Your name)

of Splatsin hereby nominate:

\_\_\_\_\_  
(Name of Nominee)

for the position of CHIEF / COUNCILLOR  
(Circle one)

\_\_\_\_\_  
Signature of Nominator

\_\_\_\_\_  
Date

Nominator's telephone number: (\_\_\_\_\_) \_\_\_\_\_

Nominator's mailing address: \_\_\_\_\_

Nominee's telephone number: (\_\_\_\_\_) \_\_\_\_\_

Nominee's mailing address: \_\_\_\_\_

***It is important that your telephone number and address be included above in case the Electoral Officer needs to contact you for clarification regarding the name of the individual that you are nominating.***

***It is important that your Nominee's telephone number and address be included above in case the Electoral Officer needs to contact them for clarification regarding their nomination.***

THIS FORM HAS TWO SIDES BOTH OF WHICH MUST BE COMPLETED FOR YOUR NOMINATION TO STAND. PLEASE TURN OVER THIS PAGE AND COMPLETE THE REVERSE SIDE.

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**Mail-in Voter Declaration to Nominate Candidates**

In the matter of the election of Splatsin, held according to the *Splatsin Custom*

*Election Code, 2015*, I, \_\_\_\_\_ solemnly declare that:  
(Please print your name)

1. I am a member of Splatsin.
2. My band number is \_\_\_\_\_ and/or my date of birth is \_\_\_\_\_.
3. My current mailing address is: \_\_\_\_\_  
\_\_\_\_\_
4. I am at least 18 years of age.
5. I do not know of any reason why I would be disqualified from voting at this election.

I make this solemn declaration conscientiously believing it to be true and knowing that it has the same force and effect as if made under oath. I understand that it is an offence to make a false statement in this declaration.

\_\_\_\_\_  
Signature of Elector

\_\_\_\_\_  
Date

**Witness Declaration – (to be filled out by any person who is at least 18 years old)**

Declared before me \_\_\_\_\_ at \_\_\_\_\_  
(name) (municipality)

this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

(\_\_\_\_\_) \_\_\_\_\_

Telephone number of Witness