



# Sioux Valley Dakota Nation

## Mail-in Nomination Form

I, \_\_\_\_\_, Band # \_\_\_\_\_  
*(Please print name)*

of the \_\_\_\_\_ Sioux Valley Dakota Nation \_\_\_\_\_ hereby nominate  
*(Name of First Nation)*

\_\_\_\_\_  
*(Name of nominee)*

of the \_\_\_\_\_ Sioux Valley Dakota Nation \_\_\_\_\_  
*(Name of First Nation)*

for the position of:      CHIEF       COUNCILLOR

for the election being held on **November 13<sup>th</sup>, 2025.**

### NOMINEE FOR CANDIDATE INFORMATION

\_\_\_\_\_  
Address      First Nation/Municipality      Province/Territory      Postal code

\_\_\_\_\_  
E-mail, if applicable

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Telephone Number

### NOMINATOR INFORMATION

\_\_\_\_\_  
Address      First Nation/Municipality      Province/Territory      Postal code

\_\_\_\_\_  
E-mail, if applicable

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note: This signature does not constitute the witness as a seconder to this nomination. To second a nomination, please complete a separate nomination form, from the seconder.**

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.