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 **October 21st, 2021.**

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.

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.