

**RM of Excelsior No. 166  
PUBLIC DISCLOSURE STATEMENT  
Form 1**

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

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**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:

<b>My Name or Name of Family Member</b>	<b>Payer</b>	<b>Nature of Relationship</b>

**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:

<b>My Name or Name of Family Member</b>	<b>Name of Corporation</b>

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**Note:**

1. This form, when completed, is a public document.

**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:

<b>My Name or Name of Family Member</b>	<b>Name of Partnership or Firm</b>

**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 disclose<sup>23</sup>; or
- (c) is prescribed:

<b>My Name or Name of Family Member</b>	<b>Name of Corporation, Enterprise, Firm, Partnership, Organization, Association, or Body</b>

**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:

<b>Owner(s)</b>	<b>Municipal Address or Legal Description</b>	<b>Municipality</b>

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**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

**DECLARATION**

I, \_\_\_\_\_, of the Rural Municipality of Excelsior No. 166 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: \_\_\_\_\_