

FORM 5: CERTIFICATE OF ELECTION OF CHIEF

I certify that _____ was duly elected to the office
(name of successful candidate)

of _____ Chief _____ of the Community Government of _____
(name of office) *(place of community government)*

on _____, 20____, for a term beginning at 12 noon on Tuesday, _____, 20____ or when
(date)
sworn in if that is later, and ends at 12 Noon, Tuesday, _____, 20____ .

Dated at _____ on _____, 20____.
(place) *(date)*

(Signature of Returning Officer)