



First Nations Drinking Water SETTLEMENT

First Nations Drinking Water Settlement

Sagkeeng First Nation Band Council Confirmation List

If you have not already submitted your application or would like to be added to the Band Council Confirmation List.

Please call Donna Sais

204-830-1302

or dsais@sagkeeng.ca

<https://firstnationsdrinkingwater.ca/>

The Band Council Confirmation List

- If a First Nation chooses to submit a Band Council Confirmation List, individuals in their community may not have to submit any Claims Form, except to submit Specified Injuries claims. Deloitte will provide the draft Band Council Acceptance Resolution and forms to help.
- Under the settlement, First Nations who choose to do a Band Council Confirmation List will not be held liable for doing so, in case of error or omission.
- If there is inconsistency between the Band Council Confirmation List and an Individual Claim Form, the Individual Claim Form will take precedence.

SCHEDULE E to the Settlement Agreement:
APPENDIX "A": LIST OF KNOWN INDIVIDUAL CLASS MEMBERS (Identified Class Members)
 Confirmed with Band Council Confirmation (page 2 of 2)

Name of First Nation: _____ to _____

List of First Nation Individuals who ordinarily resided/lived on your Reserve anytime within _____ to _____

Band Membership Number OR Indian Status Card Number	Name of Resident (First (required), Middle (if applicable), Last (required))	Periods Ordinarily Resident on Reserve (required) FROM (Month/Year) TO (Month/Year)	Periods Ordinarily Resident on Reserve (required)	Last Known Address (required)	Date of Birth (required) (Day/Month/Year)	Contact Information (required)
First: _____ Middle: _____ Last: _____	Street Name and Number _____ Province _____ City _____ Postal Code _____	Month _____ Year _____	Month _____ Year _____	City _____ Postal Code _____	Day _____ Month _____ Year _____	Phone Number _____ Email _____
First: _____ Middle: _____ Last: _____	Street Name and Number _____ Province _____ City _____ Postal Code _____	Month _____ Year _____	Month _____ Year _____	City _____ Postal Code _____	Day _____ Month _____ Year _____	Phone Number _____ Email _____