



- This form must be filled out completely, signed and notarized.
- Complete a separate form for each resolution.
- Must be mailed or dropped off only. Please do not email forms.
- Forms must be received in the SDCGA office by 5:00 pm CST on November 9, 2020. Mailing address is: 4712 S. Technopolis Drive, Sioux Falls, SD 57106

Submitted by:

Name: _____ Cell Phone Number: _____

Address: _____ Email: _____

City: _____ State: _____ Zip Code: _____

Check one

- Insert proposed resolution (include section title where you would like the resolution placed):
- Amend resolution with the following language (include section, page number & line number):
- Delete the following resolution (include section, page number & line number):

Signature: _____ **Date:** _____

South Dakota Notary Acknowledgement

The State of South Dakota

County of _____

On this ____ day of _____, in the year _____ before me personally appeared _____ known to me (or proved to me on the oath of _____) to be the person who is described in and who executed the within instrument, and acknowledged to me that he/she/they executed the same.

Notary Public Signature

Notary Public Printed Name

My commission expires: _____