



- 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 8, 2021. 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):

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**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: \_\_\_\_\_