

Chronological no. - N° consécutif
File reference no. - N° de référence du dossier

BAND COUNCIL RESOLUTION
RÉSOLUTION DE CONSEIL DE BANDE MAY 1 10 08 AM '96

NOTE: The words "from our Band Funds" "capital" or "revenue", whichever is the case, must appear in all resolutions requesting expenditures from Band Funds.
 NOTA: Les mots "des fonds de notre bande" "capital" ou "revenu" selon le cas doivent paraître dans toutes les résolutions portant sur des dépenses à même les fonds des bandes.

The council of the Le conseil de Sayisi Dene First Nation		Cash free balance - Solde disponible
Date of duly convened meeting Date de l'assemblée dument convoquée		Capital account Compte capital \$ _____
D-J	M	Y-A
2	2	0
4	9	6
Province Manitoba		
		Revenue account Compte revenu \$ _____

DO HEREBY RESOLVE:
 DÉCIDE, PAR LES PRÉSENTES:

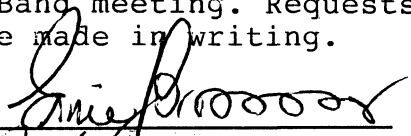


WHEREAS; The Sayisi Dene First Nation Council has been given the mandate, by its membership, to identify and enforce a Community Zoning Bylaw and Territorial Zoning Bylaw, and;

WHEREAS; In our collective pursuits at self-governing, it is imperative that we monitor all human traffic: non-Band members, and non-native, travelling into our community or onto our traditional territory, and;

WHEREAS: Our community boundary is identified by a INAC surveyed Boundary, and the Sayisi Dene First Nation territory is identified as all areas within the Chipewyan Trapping Block (in Manitoba) and includes areas within the southern Keewatin (as identified by the 1993 Land Use Study, MKO).

Therefore Be It Resolved That; Our Reserve Zoning Bylaw be acknowledged and recognized as follows:

- All persons not registered to this Band, and non-native persons wishing to travel onto this Reserve must request IN WRITING to the Sayisi Dene First nation, at least 24 hours in advance, for permission to enter the reserve,
- this request must be approved by at least TWO Council members before permission can be granted.
- Non-Band and non-native members visitations can not exceed 7 days.
- For extended visits or Residency requests, they will only be approved by a majority of members at a duly-convened Band meeting. Requests for such will also have to be made in writing.

Quorum _____	 _____ (Chief - Chef)	_____
_____	 _____ (Councillor - Conseiller)	_____
_____	 _____ (Councillor - Conseiller)	_____
_____	_____	_____

FOR DEPARTMENTAL USE ONLY - RÉSERVÉ AU MINISTÈRE					
Expenditure - Dépenses	Authority (Indian Act Section / Autorité (Article de la Loi sur les Indiens))	Source of funds / Source des fonds <input type="checkbox"/> Capital <input type="checkbox"/> Revenue / Revenu	Expenditure - Dépenses	Authority (Indian Act Section / Autorité (Article de la Loi sur les Indiens))	Source of funds / Source des fonds <input type="checkbox"/> Capital <input type="checkbox"/> Revenue / Revenu
Recommending officer - Recommandé par			Recommending officer - Recommandé par		
Signature		Date	Signature		Date
Approving officer - Approuvé par			Approving officer - Approuvé par		
Signature		Date	Signature		Date



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Date of duly convened meeting Date de l'assemblée dument convoquée		D-J	M	Y-A	Province
		2 2	0 4	9 6	Manitoba
		Capital account Compte capital		\$ _____	
		Revenue account Compte revenu		\$ _____	

DO HEREBY RESOLVE:
DÉCIDE, PAR LES PRÉSENTES:

Be It Further Resolved That; The Sayisi Dene First nation Territory Zoning Bylaw be recognized and acknowledged as follows:


- all persons wishing to hunt, or trap, or do any business within the said territory must request IN WRITING to the Sayisi Dene First Nation Chief & Council.
- This request will be granted (or not) by Band members at a duly-convened monthly Band meeting.

Quorum _____

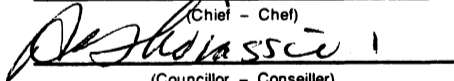
(Councillor - Conseiller)

(Councillor - Conseiller)

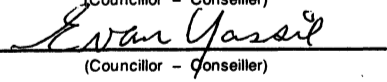
(Councillor - Conseiller)



(Chief - Chef)



(Councillor - Conseiller)



(Councillor - Conseiller)

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Recommending officer - Recommandé par			Recommending officer - Recommandé par		
_____ Signature		_____ Date	_____ Signature		_____ Date
Approving officer - Approuvé par			Approving officer - Approuvé par		
_____ Signature		_____ Date	_____ Signature		_____ Date