

[FIRST NATION'S LETTERHEAD]

S A M P L E P R O X Y L E T T E R

Date

Sioux Lookout First Nations Health Authority
P. O. Box 1300
61 Queen Street
Sioux Lookout, ON
P8T 1B8

TO WHOM IT MAY CONCERN:

RE: Notification of Designated Proxy

The Chief and Council of _____ First Nation hereby designates
_____ as *official proxy* at the Sioux Lookout First
Nations Health Authority (SLFNHA) 2019/20 Annual General Membership Meeting
being held virtually via Zoom.

As our representative, _____ shall be accorded official recognition
and all privileges, including the right to vote.

Sincerely,

Chief and/or Quorum of Councillors