

BAND COUNCIL RESOLUTION

Chronological No. 026-109
File Reference No.

NOTE:
The words "from our Band Funds "capital" or "revenue", whichever is the case, must appear in all resolutions requesting expenditures from Band Funds

The Council of Bonaparte First Nation (Formerly known as Bonaparte Indian Band)		Cash Free Balance
Date of duly convened meeting: August 11, 2026		Capital account \$ _____
Province BC	Revenue Account \$ _____	

EVACUATION ORDER IR #1, #2

WHEREAS, a State of Local Emergency has been declared by St’uxwtéws due to the Pear Lake Wildfire (C40983); and

WHEREAS the Pear Lake Wildfire poses an immediate and significant threat to the life, health, safety, and well-being of residents and all persons within the affected area; and

WHEREAS emergency conditions may change rapidly and require immediate action to protect public safety;

THEREFORE, BE IT RESOLVED THAT, an Evacuation Order for **IR#1, IR#2** is hereby issued and is effective immediately for all persons residing in, occupying, or otherwise present within the designated evacuation order area.

BE IT FURTHER RESOLVED THAT, all persons within the designated evacuation order area must leave immediately and proceed to a safe location as directed by emergency authorities.

BE IT FURTHER RESOLVED THAT, residents are advised not to delay evacuation, as wildfire conditions and associated hazards may change rapidly and without warning.

BE IT FURTHER RESOLVED THAT, this Evacuation Order shall remain in effect until rescinded or amended.

Quorum 3

DocuSigned by:
Frank Antoine
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Kukpi7 Frank Antoine

DocuSigned by:
Verna Billy Minnabarriet
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Tkwem7íple7 Dr. Verna Billy Minnabarriet

Signed by:
Matilda Morgan
C13BA7BF40444FE...

Tkwem7íple7 Matilda Morgan

Signed by:
Tammy Brown
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Tkwem7íple7 Tammy Brown

Signed by:
Rochelle Porter
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Tkwem7íple7 Rochelle Porter

FOR DEPARTMENTAL USE ONLY					
Expenditure	Authority (Indian Act section)	Source of Funds ☐ Capital ☐ Revenue	Expenditure:	Authority (Indian Act Section)	Source of Funds ☐ Capital ☐ Revenue
Recommending Officer Signature _____ Date: _____			Recommending Officer Signature _____ Date: _____		
Approving officer Signature _____ Date: _____			Approving officer Signature _____ Date: _____		