

SEL-5 _____ Soil and Water Conservation District Candidate Nomination Petition

We, the undersigned voters of _____ Soil and Water Conservation District hereby certify that we do nominate
 (Name) _____, (Address) _____
 for the office of SUPERVISOR to appear on the ballot in the Special SWCD Election on _____.

Notice To Signers: By signing this petition, you agree that the above named candidate should be placed on the ballot for the office and election indicated. To the best of your knowledge you are a resident OR own land in the district indicated, will be at least 18 years of age by the date of the special election, and are eligible to have your signature counted for petition purposes.

Must Be Completed in BLACK INK

CANDIDATE NAMED ABOVE MAY NOT SIGN AS PETITIONER BELOW

NO.	DATE	PRINTED NAME	VOTER REGISTRATION ADDRESS	CITY	TOWNSHIP	DATE OF BIRTH	SIGNATURE
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Continued on other side

SEL-5 _____ **Soil and Water Conservation District Candidate Nomination Petition**

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For OSWCC Use Only	
_____	Total Number of Signatures
_____	Number Invalidated Signature
_____	Number of Validated Signatures
Endorsed By:	
_____	OSWCC Representative

Circulator's Printed Name Date

Address

City Zip

Telephone

Circulator's Affidavit

Under penalties of perjury, I swear (or affirm) that: (a) the information about me on this page is true and correct; (b) I was at least 18 years old when each signature was obtained; (c) I personally observed each person as she/he signed this page; and (d) to the best of my knowledge and belief: 1) all signatures on this page are genuine; and 2) as eligible to vote in the Special SWCD Election.

Circulator's Signature Date

10 VALID SIGNATURES ARE REQUIRED TO PLACE CANDIDATE ON BALLOT

MORE THAN 10 SIGNATURES MAY BE SUBMITTED FOR ANY CANDIDATE

MUST BE SUBMITTED TO _____ SWCD OFFICE BY _____ PM _____ 200_

THIS FORM MAY BE DUPLICATED