

### Candidate Nomination Petition

We, the undersigned voters of \_\_\_\_\_ Soil and Water Conservation District (SWCD) hereby certify that we do nominate \_\_\_\_\_ for the office of Supervisor to appear on the ballot in the 20\_\_ SWCD election.

**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. You are 18 years of age or older and own or occupy land within the district where the election is to occur.**

#### CANDIDATE NAMED ABOVE MAY NOT SIGN AS PETITIONER BELOW

NO.	DATE	PRINTED NAME	VOTER REGISTRATION ADDRESS	CITY	DATE OF BIRTH	SIGNATURE
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**At least 10 VALID SIGNATURES are required to place candidate on the ballot**

**Petition must be submitted to \_\_\_\_\_ SWCD office on \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ p.m.**

**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 he/she signed this page; and (d) to the best of my knowledge and belief: 1) all signatures on this page are genuine; and 2) are eligible to vote in the SWCD election.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

**For OSWCC Use Only:**

Total Number of Signature: \_\_\_\_\_

Total Number of Validated Signatures: \_\_\_\_\_

Total Number of Invalidated Signatures: \_\_\_\_\_

Endorsed by: \_\_\_\_\_