

NOMINATION PAPERS

I,	of				
	(Name of Candidate/Nominee)	(Quali	(Qualifying Address)		
and	(Mailing Address)	, <u>(</u> F	Postal Code)	hereby put forward	
•	my name as a candidate for the office Without Municipal Organization (TW qualified to hold office for which I hav	OMO) and	d I further dec		
Sign	ature of Candidate/Nominee		Date		
Busi	ness Phone:				
Hom	ne Phone:				
Cell	Phone:				
Fax	#:				
E-M	ail:				

Note: A person who has been nominated may withdraw his/her nomination by filing a written withdrawal with the Returning Officer by 2:00 p.m. on August 19, 2022.

A candidate who is running for municipal office may run as a member to represent TBDSSAB but, if elected to both positions, is permitted to hold only one office.