

NOMINATING PETITION FOR DISTRICT TRUSTEE

WE, THE UNDERSIGNED qualified voters of Deer Mountain Sanitary District, Lawrence County, South Dakota, nominate _____ whose residence address is _____, SD _____, and whose business address is _____, SD _____, as a candidate for the office of District Trustee of Deer Mountain Sanitary District at the election to be held on the 3rd of September, 2019.

DECLARATION OF CANDIDATE

I, _____ (print name here exactly as you want it on the ballot) under oath, declare that I am eligible for the office for which I am a candidate. If nominated and elected, I will qualify and serve in that office.

Sworn to before me this _____ day of _____, 20_____. (Signed) _____

(Seal)

Signature of Officer Administering Oath

My Commission Expires _____

Title of Officer Administering Oath

INSTRUCTIONS TO SIGNERS:

1. Signers of this petition must individually sign their names in the form in which they are registered to vote or as they usually sign their names.
2. Before the petition is filed, each signer or the circulator must add the residence address of the signer and the date of signing. If the signer is a resident of a second or third class municipality, a post office box may be used for the residence address.
3. Before the petition is filed, each signer or the circulator must print the name of the signer in the space provided and add the county of voter registration.
4. Abbreviations of common usage may be used. Ditto marks may not be used.
5. Failure to provide all information requested may invalidate the signature.

NAME	RESIDENCE	DATE/COUNTY
SIGN 1 _____ PRINT	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER _____ CITY OR TOWN	DATE OF SIGNING _____ COUNTY OF REGISTRATION
SIGN 2 _____ PRINT	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER _____ CITY OR TOWN	DATE OF SIGNING _____ COUNTY OF REGISTRATION
SIGN 3 _____ PRINT	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER _____ CITY OR TOWN	DATE OF SIGNING _____ COUNTY OF REGISTRATION
SIGN 4 _____ PRINT	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER _____ CITY OR TOWN	DATE OF SIGNING _____ COUNTY OF REGISTRATION
SIGN 5 _____ PRINT	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER _____ CITY OR TOWN	DATE OF SIGNING _____ COUNTY OF REGISTRATION

