

Petition for Special District Nomination Signature Sheet

Petition ID _____

This is a candidate nominating petition. Signers of this page must be active registered voters in the following county: _____

Candidate's Name	District Name
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Office	District, Position, Department or Zone Number if applicable
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To the County Elections Official, We, the undersigned voters, request the candidate's name printed above, for nomination to the office indicated, be placed upon the appropriate ballot at the next regular district election following the filing of this petition.

Signature	Date Signed mm/dd/yy	Print Name	Residence or Mailing Address street, city, zip code
1			
2			
3			
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County Elections Official Certification

I hereby certify _____ signatures on this petition are those of active registered voters in _____
in _____ County, Oregon. name of district

Signature of County Elections Official	Date Certified mm/dd/yy
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Sheet Number _____