10 ILCS 5/10-3.1, 10-5.1
105 ILCS 5/6-10

X...BIND HERE...X

Suggested
Revised May, 2009
SBE No. P-21

PETITION FOR NOMINATION FOR MULTI-COUNTY REGIONAL SCHOOL TRUSTEES TO BE FILED WITH THE STATE BOARD OF ELECTIONS

We, the undersigned, being 50 or more of the voters qualified to vote, hereby petition that _____ who resides at _____ in Township (or Road District) _____, in _____ County, shall be a candidate for the office of **MEMBER OF THE REGIONAL BOARD OF SCHOOL TRUSTEES** of _____ Region (Counties within region) full term or vacancy (circle one) to be voted for at the Consolidated Election to be held _____ (date of election).

If required pursuant to 10 ILCS 5/10-5.1, complete the following (this information will appear on the ballot)

FORMERLY KNOWN AS _____ UNTIL NAME CHANGED ON _____
(List all names during last 3 years) (List date of each name change)

NAME (VOTER'S SIGNATURE)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1		IL	
2		IL	
3		IL	
4		IL	
5		IL	
6		IL	
7		IL	
8		IL	
9		IL	
10		IL	
11		IL	
12		IL	

State of _____)
) SS.
County of _____)

I, _____ (Circulator's Name) do hereby certify that I reside at _____, in the City/Village/Unincorporated Area (circle one)of _____ (if unincorporated, list municipality that provides postal service) (Zip Code) _____ County of_____ State of _____ that I am 18 years of age or older, that I am a citizen of the United States, and that the signatures on this sheet were signed in my presence, not more than 90 days preceding the last day for filing of the petitions and are genuine and that to the best of my knowledge and belief the persons so signing were at the time of signing the petition registered voters of the political division in which the candidate is seeking elective office, and that their respective residences are correctly stated, as above set forth.

_____
(Circulator's Signature)

Signed and sworn to (or affirmed) by _____ before me, on _____.
(Name of Circulator) (insert month, day, year)

_____
(Notary Public's Signature)

(SEAL)

SHEET NO. _____