

**PETITION FOR NOMINATION  
TO THE SECRETARY OF THE BOARD OF TRUSTEES OF COMMUNITY COLLEGE DISTRICT NO. \_\_\_\_\_**

We, the undersigned, being (\_\_\_\_\_ or more) (or 10% or more) of the voters residing within said district, hereby petition that \_\_\_\_\_ who resides at \_\_\_\_\_ in the City, Village, Unincorporated Area (circle one) of \_\_\_\_\_ (If unincorporated, list municipality that provides postal service) in \_\_\_\_\_ Township in said district shall be a candidate for the office of member of the Board of Trustees, full term or \_\_\_\_ year vacancy (circle one) to be voted for at the Consolidated Election to be held on \_\_\_\_\_ (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 \_\_\_\_\_ )  
County of \_\_\_\_\_ ) SS.

I, \_\_\_\_\_ do hereby certify that I reside at \_\_\_\_\_,  
(Circulator's Name) (Street Address)

in the \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_,  
(City/Village/Unincorporated Area) (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)

(SEAL)

\_\_\_\_\_  
(Notary Public's Signature)

SHEET NO. \_\_\_\_\_