

**APPLICATION FOR ELECTION
SPECIAL CEMETERY DISTRICT DIRECTOR**

Position (Check One)

Director, Chugwater Cemetery District

Term (Check One)

FOUR (4) Year Term

Other/Unexpired Term

State of Wyoming)

) ss. W.S. 22-29-110

County of Platte)

I, _____(*print full name*), swear or affirm that I was born on ____(*month*)
____(*day*), ____(*year*), that I have been a resident of the Cemetery District since _____
(*month/year*), residing at _____(*physical address*); that I am an elector of
said district and I do hereby request that my name be printed on the ballot of the election to be held on

(*month & day*) of _____(*year*) as a candidate for the office of director for a term of

(*2 or 4*) years. I am a registered voter of Election District No _____ Precinct No _____. I
hereby declare that if I am elected, I will qualify for the office.

Print or type your name exactly as you wish it to appear on the ballot.
(W.S. 22-6-111 states that professional titles and degrees shall not appear on the ballot.)

In order to meet federal requirements for audio ballots and to accommodate individuals with disabilities, please print your name
phonetically on the line above

Mailing Address

Telephone Number (will not be published)

Signature DATED this day _____ of _____, 20____.

OPTIONAL INFORMATION:

Telephone (will be published)

E-Mail Address/Website Address (will be published)