

**APPLICATION FOR ELECTION
PLATTE COUNTY HOSPITAL DISTRICT DIRECTOR**

Position (Check One)

Director, Platte Count Hospital 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 Platte County Hospital 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Telephone Number (will not be published)

DATED this day _____ of _____, 20_____.

Signature

OPTIONAL INFORMATION:

Telephone (will be published)

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