

**APPLICATION FOR ELECTION
SPECIAL SENIOR CITIZENS SERVICE DISTRICT TRUSTEE**

Position (Check One)

Trustee, Platte County Senior Citizens Service 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 Senior Citizens 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
trustee 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Telephone Number (will not be published)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)