

APPLICATION FOR ELECTION FOR HOSPITAL DISTRICT TRUSTEE

I, the undersigned, certify that I was born on _____, _____;
and that I have been a resident of the State of Wyoming since _____;
and that I am a registered voter of the Weston County Hospital District and I do hereby request
that my name, _____, be printed on the ballot of
the election to be held on Tuesday, May 8, 2018, as a candidate for the office of Trustee for the
term of;

FOUR years, until the next succeeding election.

I hereby declare that if I am elected, I will qualify for the office.

DATED: _____

Signature of Candidate

Residence Address

Mailing Address

Mailing Address

Print or type name as it should appear on the ballot.

(W.S. 22-6-111 states that professional title and degrees shall not appear on the ballot)

Filing dates: February 7th, 2018 to February 26th, 2018

Filing office: Weston County Health Services
1124 Washington Blvd
Newcastle, WY 82701
www.wchs-wy.org

Filing fee: NONE

