

APPLICATION FOR HOSPITAL DISTRICT TRUSTEE OPEN POSITION

I, the undersigned, certify that I was born on _____, _____;

I have been a resident of the State of Wyoming since _____;

I am a registered voter of the Weston County Hospital District and I do hereby request my name, _____, be submitted for consideration for the office of Trustee for the remanding term until the next election on May 5, 2026.

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

DATED: _____

Signature of Candidate

Residence Address

Mailing Address

Mailing Address

Phone Number

Received by: _____