

APPLICATION FOR ELECTION

Position (Check One)

TRUSTEE, ALBANY COUNTY HOSPITAL DISTRICT

Term (Check One)

FOUR (4) Year Term

Other/Unexpired Term*

State of Wyoming)

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

County of Albany)

I, the undersigned, swear or affirm that I was born on _____; that I have been a resident
(DATE OF BIRTH)

of _____ since _____
(NAME OF DISTRICT) (DATE)

residing at _____;
(FULL ADDRESS OF RESIDENCE)

that I am an Elector of said district and I do hereby request that:

my name, _____, be printed on the ballot for the election
(PRINT/TYPE NAME EXACTLY AS YOU WISH IT TO APPEAR ON BALLOT)

to be held on the _____ day of _____, _____, as a candidate for the office of director,
(DATE) (MAY/NOVEMBER) (YEAR)

supervisor, or trustee for a term of _____ years. I hereby declare that if I am elected, I will qualify for the office.
(4 OR 2*)

Dated this _____ day of _____, _____.
(DATE) (MONTH) (YEAR)

(SIGNATURE OF CANDIDATE)

(MAILING ADDRESS, CITY/TOWN, ZIP)

(CANDIDATE NAME SPELLED PHONETICALLY)

(EMAIL ADDRESS, WEBSITE)

(CAMPAIGN TELEPHONE TO BE PUBLISHED)

(DAYTIME TELEPHONE **NOT** TO BE PUBLISHED)