

APPLICATION FOR ELECTION
CROOK COUNTY MUSEUM DISTRICT DIRECTOR

I, the undersigned, swear or affirm that I was born on _____, _____;
that I have been a resident of _____ district since
_____, residing at _____; that I
am an elector or landowner (check which one for eligibility) of said district and I do
hereby request that my name, _____, be printed on the ballot
of the formation (or other) election to be held on _____ day of _____,
as a candidate for the office of director for a term of _____ years. I hereby declare that if I
am elected, I will qualify for the office.

Dated this _____ day of _____.

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.)

Gender: Male Female

In order to meet federal requirements for audio ballots and to
accommodate individuals with disabilities, please print your
name phonetically on the line above. (ie: Peggy Nighswonder
would be Peg-gee Nice-wong-ger).

Signature

Mailing Address (if different than residential)

City or Town, Zip Code

Telephone Number

E-mail Address