

APPLICATION FOR ELECTION

PLATTE COUNTY HOSPITAL DISTRICT DIRECTOR

I, the undersigned, swear or affirm that I was born on _____, ____; that I have been a resident of the Platte County hospital district since _____; that I am a qualified elector and am not an employee of said district and I do hereby request that my name be printed on the ballot for election to be held on the _____ day of _____, ____ as a candidate for a term of _____ years. I hereby declare that if I am elected, I will qualify for the office.

Dated this _____ day of _____, ____.

Signature of Candidate

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).

Printed Name

Residence Address

City, State, Zip

Mailing Address (If Different)

Phone Number

Qualifications for office are set forth in Wyoming Statutes § 35-2-404 and the Wyoming Special District Election Code § 22-29-101 through § 22-29-108.