APPLICATION FOR ELECTION
EMERGENCY SERVICES (EMS)
DISTRICT DIRECTOR

Position (Check One)
□ Director, **Glendo EMS District**
Term (Check One)
□ FOUR (4) Year Term
□ Other/Unexpired Term

State of Wyoming)
) ss. W.S. 22-29-110
County of Platte)

I, _____*(print full name)*, swear or affirm that I was born on ____*(month)* ___*(day)*, _____*(year)*, that I have been a resident of the _____ EMS district since _____ *(month/year)*, residing at _____*(physical address)*; that I am an elector of said district and I do hereby request that my name be printed on the ballot of the election to be held on _____*(month & day)* of _____*(year)* as a candidate for the office of director for a term of _____ *(2 or 4)* years. I am a registered voter of Election District No_____ Precinct No_____. I hereby declare that if I am elected, I will qualify for the office.

_____
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.)

_____
In order to meet federal requirements for audio ballots and to accommodate individuals with disabilities, please print your name phonetically on the line above

_____
Mailing Address

_____
Telephone Number (will not be published)

_____DATED this day _____ of _____ , 20_____.
Signature

OPTIONAL INFORMATION:

_____

Telephone (will be published) E-Mail Address/Website Address (will be published)