

GALENA AREA EMERGENCY MEDICAL SERVICE DISTRICT
217 Summit Street – Galena IL 61036
Phone: (815) 777-3575 FAX: (815) 777-8329



CANDIDATE PETITION EXAMPLE

We, the undersigned, qualified voters in City of Galena (City/Village/Township/Unincorporated Area) of East Galena Township (name of Township) in the County of Jo Daviess and State of Illinois, do hereby petition that the following named person shall be a Candidate for election to the GAEMSD Board of Directors to be voted for at the Annual Meeting to be held on _____, 20____ (date of Annual Meeting).

Candidate's Name	Candidate's Address – Zip Code
Henry Smith	123 Main Street, Galena IL 61036

Pursuant to 10 ILCS 5/7-10.2, complete the following: FORMERLY KNOWN AS _____ Not Applicable
 (list all names during last 3 years) UNTIL NAME CHANGED ON _____ (list date of each name change)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME	STREET ADDRESS OR RR NUMBER	CITY, TOWN, OR VILLAGE	IL	COUNTY
1 <u>Nancy Smith</u>	Nancy Smith	<u>123 Main Street</u>	<u>Galena</u>	IL	Jo Daviess
2 <u>George Smith</u>	George Smith	<u>245 Main Street</u>	<u>Galena</u>	IL	Jo Daviess
3 ETC. ↓	ETC. ↓	ETC. ↓	ETC. ↓	IL	Jo Daviess
4				IL	Jo Daviess
5				IL	Jo Daviess
6				IL	Jo Daviess
7				IL	Jo Daviess
8				IL	Jo Daviess
9				IL	Jo Daviess
10				IL	Jo Daviess

State of Illinois)
) SS.
 County of Jo Daviess)

I George Smith (Circulator's Name) do hereby certify that I reside at 245 Main Street in the City / Village / Unincorporated Area of Galena (if unincorporated, list municipality that provides postal service)(Zip Code) 61036 County of Jo Daviess, State of Illinois that I am 18 years of age or older (or 17 years of age and qualified to vote in Illinois), that I am a citizen of the United States, and that the signatures on this sheet were signed in my presence, not more than 90 days preceding the last day of filing of the petitions and are genuine and that to the best of my knowledge and belief the persons so signing were at the time of signing the petition registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

PRINT ↓
 _____ before me, on _____
 Signed and sworn to or affirmed by NAME OF CIRCULATOR George Smith
 (Circulator's Signature)
03-01-20XX
 (Insert month, day, year)

SEAL: OFFICIAL SEAL
 JOHN Q. NOTARY
 NOTARY PUBLIC - STATE OF ILLINOIS
 MY COMMISSIONER EXPIRES 11-01-2023

 (Notary Public's Signature)
 Sheet 1 of 5