

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



Candidate Petition (See example)

Per the By-Laws of the Galena Area Emergency Medical Service District (GAEMSD), Article III, Section 10.: Candidates for positions on the Board of Directors shall also include those names submitted by petition, signed by no fewer than fifty (50) corporate members. Such petition(s) shall be filed with the Board Secretary not later than the date of the regularly scheduled monthly Board of Directors' meeting the month prior to the annual meeting.

We, the undersigned, qualified voters in _____ (City/Village/Township/Unincorporated Area) of _____ (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

Pursuant to 10 ILCS 5/7-10.2, complete the following: FORMERLY KNOWN AS _____
 (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	COUNTY
1			IL	Jo Daviess
2			IL	Jo Daviess
3			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 _____ (Circulator's Name) do hereby certify that I reside at _____, in the City / Village / Unincorporated Area of _____ (if unincorporated, list municipality that provides postal service)(Zip Code) _____, 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 ↓

 (Circulator's Signature)

 Signed and sworn to or affirmed by NAME OF CIRCULATOR

 (Insert month, day, year)

SEAL:

 (Notary Public's Signature)

Sheet _____ of _____