

State of Iowa

Nomination Petition for Community College Trustee

Candidate Information

Name of Candidate: _____ Office Sought: _____

Candidate's County of Residence: _____ Candidate's City of Residence: _____

Type and Date of Election: ☐ City/School on ____/____/____ ☐ Special on ____/____/____

Is the candidate running to fill a vacancy due to the death, resignation, removal, or temporary appointment of an office holder? ☐ No ☐ Yes

Community College District: _____ Director District: _____

We, the undersigned eligible electors of the community college director district and the state of Iowa, hereby make the nomination outlined above. If the candidate named above accepts the nomination, we believe the candidate is or will be a resident of the community college director district as required by law.

Sign your name	Address where you live in Iowa			Today's Date
	House number and street	City	School District	
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