10 ILCS 5/10-3.1, 10-5.1 **X...BIND HERE...X** Suggested
Revised July, 2007
SBE No. P-4-2

PETITION FOR NOMINATION

Fire Protection Districts

To the Secretary of the Board of Trustees of _____(name of fire district)

We, the undersigned being _____(number of signatories or 5% or more) of the voters residing within the district, hereby petition that_____ who resides at _____
(name of candidate)
in the City, Village, Unincorporated Area (circle one) of _____(if unincorporated, list municipality that provides postal service) Zip Code _____ County of _____,State of Illinois, in this district shall be a candidate for the office of _____ of the Board of Trustees, full-term or ____ year vacancy (*circle one)* to be voted for at the election to be held _____ (date of election).

If required pursuant to 10 ILCS 5/10-5.1, complete the following (this information will appear on the ballot)

FORMERLY KNOWN AS _____ UNTIL NAME CHANGED ON _____
(List all names during last 3 years) (List date of each name change)

NAME (SIGNATURE)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1			IL
2			IL
3			IL
4			IL
5			IL
6			IL
7			IL
8			IL
9			IL
10			IL
11			IL
12			IL

State of _____)
) SS.
County of _____)

I, _____ do hereby certify that I reside at _____,
(Circulator's Name) (Street Address)
in the _____ of _____, _____,
(City/Village/Unincorporated Area) (if unincorporated, list municipality that provides postal service) (Zip Code)
County of _____, State of _____ that I am 18 years of age or older, 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 for 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 that their respective residences are correctly stated, as above set forth.

_____
(Circulator's Signature)

Signed and sworn to (or affirmed) by _____ before me, on _____
(Name of Circulator) (insert month, day, year)

(SEAL) _____
(Notary Public's Signature)

SHEET NO. _____