***CHERRY CREEK WATERWORKS DISTRICT***

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*5920-A Cherry Creek Rd, Port Alberni, BC V9Y 8R7 email:* *ccww@shaw.ca*[*www.cherrycreekwater.com*](http://www.cherrycreekwater.com) *Phone: 250-723-2214*

CHERRY CREEK IMPROVEMENT DISTRICT TRUSTEE NOMINATION FORM

NAME OF PERSON YOU WISH TO NOMINATE: ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LEGAL/RESIDENTIAL ADDRESS OF NOMINEE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 PHONE NUMBER OF NOMINEE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SIGNITURE OF NOMINATOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 LEGAL/RESIDENTIAL ADDRESS OF NOMINATOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 PHONE NUMBER OF NOMINATOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE:** THE NOMINATION FORM MUST BE SIGNED BY THE NOMINATOR, AND MUST ALSO BE SIGNED BY THE NOMINEE CONSENTING TO THE NOMINATION. ALL NOMINATIONS ARE SUBJECT TO VERIFICATION BY THE BOARD OFFICE.

**All Trustees take an Oath of Office and are expected to abide by the District’s Conflict of Interest & Commitment Policy.**

SIGNITURE OF NOMINEE:

 

DATE:



Board Office Verification: 