

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: <input type="checkbox"/> School on ___/___/___	<input type="checkbox"/> Special on ___/___/___
Is the candidate running to fill a vacancy due to the death, resignation, removal, or temporary appointment of an office holder? <input type="checkbox"/> No <input type="checkbox"/> 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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Nomination Petition Circulator Information - Required by Iowa Code §45.5(1)(f)

Name: _____	Signature: _____
Address: _____	Phone Number: _____