

Salt Spring Island Fire Protection District Trustee Nomination Form

Candidates shall be nominated by two duly qualified electors of the Salt Spring Island Fire Protection District.

Nominator 1:

Name:

Address:

To the best of my knowledge, the person nominated is qualified to be nominated for the Office of Trustee of the Salt Spring Island Fire Protection District pursuant to the provisions of the Letters Patent of the said Fire Protection District.

Signature:

Date:

Nominator 2:

Name:

Address:

To the best of my knowledge, the person nominated is qualified to be nominated for the Office of Trustee of the Salt Spring Island Fire Protection District pursuant to the provisions of the Letters Patent of the said Fire Protection District.

Signature:

Date:

Nominee:

We nominate _____ to be a Trustee of the Salt Spring Island Fire Protection District.

The Nominee, who agrees to this nomination, is:

- Canadian citizen
- 18 years of age or older
- resided in BC for at least six months before general voting day
- owner of land in Salt Spring Island Fire Protection District

Nominee's Full Name:

Nominee's Usual Name (Name the nominee wishes to appear on the ballot):

Residential Address:

Mailing Address (if different than above):

Email Address:

Phone No.:

Acknowledgement of Nominee:

To the best of my knowledge, the Information provided in this document is true, and I am qualified to be nominated to the Office of Trustee.

Signature of Nominee:

Date: