

We, the undersigned, residents of District ____ of The Community Council of Midvale City

support the candidacy of _____,

as our representative on the above Council:

NAME - Must be registered Voter	ADDRESS
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Candidate: - Must be a Registered Voter and live within the District they desire to represent

The Executive Committee recommends that these nominators also attend The Community Council of Midvale City meeting at which the election is held. The Community Council of Midvale City meets at 7:00 p.m. on the first Wednesday of each month at Midvale City Hall, Council Chambers, 655 West Center Street.