10 ILCS 5/10-3.1, 10-5.1
615 ILCS 90/5

X…BIND HERE…X

PETITION FOR NOMINATION
(FOX WATERWAY MANAGEMENT AGENCY)

We, the undersigned, qualified voters in the Fox Waterway Management Agency, in the County of _____ and State of Illinois, do hereby petition that the following named person shall be a Nonpartisan Candidate for election to the office hereinafter specified, in the political division aforesaid, to be voted for at the _____ Election to be held on _____ (date of election).

NAME	OFFICE	ADDRESS

(for unexpired terms, specify "2 year unexpired term" along with the office in the "OFFICE" space provided above)

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 (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	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	

State of _____)
) SS.
County of _____)

I, _____ (Circulator's Name) do hereby certify that I reside at _____, in the

City/Village/Unincorporated Area of_____ (if unincorporated, list municipality that provides postal service) (Zip

Code) _____, County of_____, State of_____ that I am 18 years of age or older (or 17 years of age and qualified to vote in Illinois), 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 of 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 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. _____