| <br>COMI    | ALIMITY | COLINCII |   |
|-------------|---------|----------|---|
| <br>COIVIIN |         | COUNCIL  | _ |

## **ELECTION ON WEDNESDAY 18 NOVEMBER 2015**

| NOMINATION PAPER                                                             |                                                                   |                                                                                      |  |  |  |  |
|------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------------------|--|--|--|--|
| I, the undersigned, am hereby nominated as a candidate at the said election. |                                                                   |                                                                                      |  |  |  |  |
| Candidate's                                                                  | s surname                                                         |                                                                                      |  |  |  |  |
| Other name                                                                   | es in full                                                        |                                                                                      |  |  |  |  |
| Commonly                                                                     | used surname (if any)                                             |                                                                                      |  |  |  |  |
| Commonly                                                                     | used forenames (if any)                                           |                                                                                      |  |  |  |  |
| Home addr                                                                    | ess in full                                                       |                                                                                      |  |  |  |  |
|                                                                              |                                                                   |                                                                                      |  |  |  |  |
|                                                                              |                                                                   | nominated as a candidate for the                                                     |  |  |  |  |
| I declare tha                                                                |                                                                   | Community Council. at I have attained the age of 16 years                            |  |  |  |  |
|                                                                              | red as a Community Council elector (or supplementary register) of | ctor for the Community Council area as electors *                                    |  |  |  |  |
| and my elec                                                                  | toral number is                                                   | (see note below)                                                                     |  |  |  |  |
| website (ww                                                                  | •                                                                 | able for posting on the Highland Council<br>n with the Community Council Election to |  |  |  |  |
| Signature<br>of<br>Candidate                                                 |                                                                   |                                                                                      |  |  |  |  |
| Date                                                                         |                                                                   |                                                                                      |  |  |  |  |
| Signature<br>of<br>Witness                                                   |                                                                   |                                                                                      |  |  |  |  |
| Name and address of witness                                                  |                                                                   |                                                                                      |  |  |  |  |
| Date                                                                         |                                                                   |                                                                                      |  |  |  |  |

| Home phone Number |
|-------------------|
| Mobile Number     |
| E-mail address    |

SUPPLEMENTARY INFORMATION: CANDIDATES CONTACT DETAILS

Completed forms must be returned to the appropriate Ward Manager by 4.00pm on TUESDAY 6 OCTOBER 2015. The Ward Managers will accept e-mailed copies of the Form, so long as it has been correctly completed and contains the signature of the candidate and witness.

\* NOTE: A person's electoral number consists of the distinctive letter or letters (or number or numbers) of the polling district in which the candidate is registered together with the number in the register to be used at the election. At this election, a person may also be entered in the Supplementary Register of Community Council electors, and, where appropriate, the number in that electoral list shall be used.

The Electoral Registration Officer's office can be contacted on

Freephone 0800 393783

## For official use only

| Date Nomination<br>Received | Time Received | Initialled | Valid / Invalid |
|-----------------------------|---------------|------------|-----------------|
|                             |               |            |                 |
|                             |               |            |                 |