

Local Authority Nomination Form

MC02-F1

NOMINATION

I, _____ wish to nominate as a
(Name of nominee)

member of the Local Authority for the community of _____
(Name of community)

/ / 20

(Signature of nominee)

Date

ENDORSEMENT

I, _____ endorse the nomination of this
(Name of endorsing Local Authority member)

nominee to this Local Authority.

/ / 20

(Signature of Local Authority member)

Date

RETURNING OFFICER

To be received by the Returning Officer/ Council Service Coordinator in the stated community.

/ / 20

(Signature of Returning Officer)

Date

