

Nomination of a Candidate for Election as a Mayor or Deputy Mayor

Please note: It is the responsibility of the candidate to ensure that the nomination form is received by the Returning Officer or appointed Electoral Officer before the close of nominations. Late nominations cannot be accepted.

CANDIDATE DETAILS (PLEASE PRINT)		
Name of Municipal Area		Candidate for the Office of (tick one) <input type="checkbox"/> Mayor <input type="checkbox"/> Deputy Mayor
Title Mr Ms Mrs	Given names	Surname
Residential address (as enrolled) Postcode		Postal address (only if different from residential) Postcode
Contact phone numbers	<input type="checkbox"/> Home
I consent to the public release of the telephone numbers marked with a tick (✓)	<input type="checkbox"/> Mobile
	<input type="checkbox"/> Work
Form of given name/s to appear on ballot papers (Do NOT include your surname here)		

Candidate Declaration

I am eligible and wish to nominate as a candidate for election as Deputy[†] Mayor in the Municipal Area shown above.

I wish my given name/s to appear on the ballot paper in the form shown above.

The information I have given on this form, including the candidate statement, is true. I consent to accept the above office if elected. (†Please delete if appropriate)

Signature of candidate	Date
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This notice of nomination must be signed by at least two electors who are enrolled for the Municipal Area.

ELECTORS (PLEASE PRINT)			Office Use Only
Given names	Surname	Residential address (as enrolled)	
Signature			
Given names	Surname	Residential address (as enrolled)	
Signature			
Given names	Surname	Residential address (as enrolled)	
Signature			
Given names	Surname	Residential address (as enrolled)	
Signature			

OFFICE USE ONLY				

Tasmanian Electoral Commission, 70 Collins Street, Hobart or GPO Box 300, Hobart, 7001 Phone: 6233 2000 Fax: 6224 0217
 email: ballot.box@tec.tas.gov.au website: www.tec.tas.gov.au

