

CHERRY CREEK WATERWORKS DISTRICT

5920-A Cherry Creek Rd. Port Alberni, B.C. V9Y 8R7

Tuesday - Thursday 9:30am – 2:00pm

Phone 250-723-2214

email ccww@shaw.ca

Fax 250-723-0225

CHERRY CREEK IMPROVEMENT DISTRICT TRUSTEE NOMINATION FORM

Full name of the Nominee	
Legal address of the Nominee	
Phone number of the Nominee	
Full name of the Nominator	
Legal address of the Nominator	
Phone number of the Nominator	

I _____, (the Nominee) fully consent to being nominated for a trustee position at the Cherry Creek Improvement District. I agree I will read the "Improvement District Trustee Handbook" if elected. I also agree that I can commit to the responsibilities of being a trustee.

I _____, (the Nominator) acknowledge my nomination set forth and confirm the above information is true and correct.

_____ Nominee Signature

_____ Nominator Signature

All Trustees take an Oath of Office and are expected to abide by the District's Conflict of Interest & Commitment Policy.

All nominations are subject to verification by the board office.

Nomination received (hh:mm, mm/dd/yyyy)	
Office Verification – Print, Sign	