

# **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](mailto: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	