

**PETITION FOR NOMINATION FOR  
MULTI-COUNTY REGIONAL SCHOOL TRUSTEES  
TO BE FILED WITH THE STATE BOARD OF ELECTIONS**

We, the undersigned, being 50 or more of the voters qualified to vote, hereby petition that \_\_\_\_\_ who resides at \_\_\_\_\_ in Township (or Road District) \_\_\_\_\_, in \_\_\_\_\_ County, shall be a candidate for the office of **MEMBER OF THE REGIONAL BOARD OF SCHOOL TRUSTEES** of \_\_\_\_\_ Region (Counties within region), to be voted for at the Consolidated Election to be held \_\_\_\_\_ (date of election).

**A Full Term is sought, unless an unexpired term is stated here: \_\_\_\_\_ year unexpired term**

If required pursuant to 10 ILCS 5/10-5.1, complete the following (this information will appear on the ballot)

FORMERLY KNOWN AS \_\_\_\_\_ UNTIL NAME CHANGED ON \_\_\_\_\_  
(List all names during last 3 years) (List date of each name change)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1.			,IL	
2.			,IL	
3.			,IL	
4.			,IL	
5.			,IL	
6.			,IL	
7.			,IL	
8.			,IL	
9.			,IL	
10.			,IL	

State of \_\_\_\_\_ )  
  )     SS.  
County of \_\_\_\_\_ )

I, \_\_\_\_\_ (Circulator's Name) do hereby certify that I reside at \_\_\_\_\_, in the City/Village/Unincorporated Area of \_\_\_\_\_ (if unincorporated, list municipality that provides postal service) (Zip Code) \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_ that I am 18 years of age or older (or 17 years of age and qualified to vote in Illinois), that I am a citizen of the United States, and that the signatures on this sheet were signed in my presence, not more than 90 days preceding the last day of filing of the petitions and are genuine and that to the best of my knowledge and belief the persons so signing were at the time of signing the petition registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

\_\_\_\_\_  
(Circulator's Signature)

Signed and sworn to (or affirmed) by \_\_\_\_\_ before me, on \_\_\_\_\_  
(Name of Circulator) (Insert month, day, year)

\_\_\_\_\_  
(Notary Public's Signature)

(SEAL)