

TRI-LAKES MONUMENT FIRE PROTECTION DISTRICT

16055 Old Forest Point, Suite 103
Monument, CO 80132



BOARD OF DIRECTORS SELF- NOMINATION AND ACCEPTANCE FORM

C.R.S 1-13.5-303; 32-1-103(4); 1-45-109(1); 1-45-110; SOS CPF Rule 16; 1-4-908(1), 1-4-912

I, _____
(Full name of the candidate as the name will appear on the ballot, cannot use titles such as "MD,"
"Reverend," or "Chief")

who reside at: _____
(Residence street name and number)

(City or town, zip code)

(County), (state)

(Mailing address if different from residence address)

Whose email address is:

(Enter email)

hereby nominate myself and accept such nomination for the office of Director for a:

____ **four**-year term on the Board of Directors of the Tri-Lakes Monument Fire Protection at the regular election on May 8, 2018, **and will serve if elected.**

I affirm that I am an eligible elector of the Tri-Lakes Monument Fire Protection District at the date of signing this Self-Nomination and Acceptance Form (or letter) because I am registered to vote in Colorado and am (mark one):

_____ A resident of the District or;

_____ The owner (or spouse/civil union partner of owner) of taxable real or personal property situated within the boundaries of the District, or;
Spouse's Name, if property is in spouse's name: _____

(Complete backside)

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Mark here ____ if you are a member of an executive board of a unit owner’s association, as defined in § 38-33.3-103 of the Colorado Revised Statutes, located within the boundaries of the district for which you are running for office.

I further affirm that I am familiar with the provisions of the Fair Campaign Practices Act as required in § 1- 45-110 of the Colorado Revised Statutes, and I will not, in my campaign for this office, receive contributions or make expenditures exceeding \$200 in the aggregate during the election cycle, however, if I do so, I will thereafter file all disclosure reports required under the Fair Campaign Practices Act.

DATED this ____ day of _____, 20__.

WITNESSED by the following registered elector:

(Signature of Candidate)

(Signature of Witness)

(Printed Full Name of Candidate)

(Printed Full Name of Witness)

(Email address)

(Residence address)

(Telephone Number)

(City or Town, Zip Code)

For Use by the Designated Election Official:

Received on: _____ (Date), at: _____(Time) Received by: _____
(Name)

Self-Nomination Form Deemed:

Sufficient on: _____

Not Sufficient on: _____ Candidate Notified on: _____ (Date)

Received Amended Form on: _____ (Date/Time)

Amended Form Sufficient on: _____ (Date/Time)

County in which the district court that authorized the creation of the special district is located: **El Paso**

Copy sent to Secretary of State on: _____ (Date)

[If the election is not cancelled, the self-nomination and acceptance form must be filed with the Designated Election Official no later than the 67th day prior to the election, March 2, 2018]