X...BIND HERE...X

Suggested Revised March 2020 SBE No. P-4

NONPARTISAN PETITION (NON-MUNICIPAL AND COMMISSION FORM OF MUNCIPALITY)

| Ve, the undersigned, qualified voters in the | | | | in | the |
|---|---|---|------------------------------------|--|---------------------------------|
| County of | and State of Illinois, do | (unit of government) hereby petition that the fo | ollowing named | person shall be a No | onpartisan |
| Candidate for election to the office hereinaf | | | | | |
| on | (date of elec | tion). | | | |
| NAME: | | OFFICE: | | | |
| | | | | | |
| ADDRESS: | | | | | |
| | | A Full Term is sought, unless an | unexpired term is st | ated here:year u | nexpired term |
| If required pursuant to 10 ILCS 5/10-5.1, FORMERLY KNOWN AS_ | | | | | |
| | es during last 3 years) | | of each name chang | | |
| NAME (VOTER'S SIGNATURE) | VOTER'S PRINTED NAME (optional) | STREET ADDR | | 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 |) | | • | ' | |
| County of |) SS. | | | | |
| | Circulator's Name) do hereb | by certify that I reside at | | | , in the |
| City/Village/Unincorporated Area of | , | _ | | | |
| | | | | | |
| Code), County of ge and qualified to vote in Illinois), that I am a c | , State of sitizen of the United States, and | that the signatures on this si | tnat I am 18) heet were signed | /ears of age or older in my presence, not m | or 17 years of ore than 90 days |
| preceding the last day of filing of the petitions an petition registered voters of the political division in | | | | | |
| | | | (Circulator's Signature) | | |
| Signed and sworn to (or affirmed) by | (Name of Circulate 1) | before me, on | /Incor | t month, day year | |
| | (ivaine oi Circulator) | | (IIISEI | i monin, uay, year) | |
| (SEAL) | | | (Notary Publ | ic's Signature) | |
| | SHEET NO. | | | | |