Certificate of Nomination

Burlington Fire Protection District
Board of Trustees

Name: _____

Mailing Address: _____
_____
_____

State the location of any real property which is owned by the Candidate which is located within the boundaries of the Burlington Fire Protection District.

_____
_____
_____

The term for the open property holder trustee position will expire on June 30, 2029.
As a nominee for District Board Trustee, I understand and accept the following terms:

1. If elected, I will be responsible to attend District Board meetings as outlined in the District By-laws, typically monthly on the 2nd Monday of each month.
2. I am certifying that I am at least 21 years of age and a citizen of Kentucky, as required by KRS chapter 75.
3. I am certifying that I personally reside in the Burlington Fire Protection District.
4. I am certifying that I am not an active firefighter.
5. I understand and agree to the requirement that my name and address will be published on the notice of election for the 30 days prior to the election.
6. My signature below indicates I have read and agree to the requirements to run for election as a Board Trustee in the Burlington Fire Protection District.

Signature: _____ Date: _____

COMMONWEALTH OF KENTUCKY)
) SS
COUNTY OF BOONE)

On this the ____ day of _____, 20___, personally appeared before me _____, who signed the foregoing Affidavit in my presence and made oath to the truth of the statements therein contained.

My commission expires: _____.

_____
NOTARY PUBLIC
State-at-Large, Kentucky