

NOMINATION PETITION

The undersigned residents of Salt Lake City being 18 years or older
nominate _____ to the **Office of Councilmember.**

Council District # _____

	NAME (Printed)	Name (Signature)	Address	Telephone #
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NAME (Printed)	Name (Signature)	Address	Telephone #
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NAME (Printed)	Name (Signature)	Address	Telephone #
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