

# NOMINATION PETITION

The undersigned residents of Salt Lake City being 18 years or older  
nominate \_\_\_\_\_ to the **Office of Mayor**.

Council District # \_\_\_\_\_

NOTE: Please copy this form for each 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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