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| COMMUNITY COUNCIL BY-ELECTIONS – 5 NOVEMBER 2020NOMINATION PAPERELECTION OF COUNCILLORS FOR THE**……………………………………………………………………………….. Community Council**  (*insert name of Community Council above)***CLOSE OF NOMINATIONS IS: THURSDAY 24 SEPTEMBER 2020** |
| I, the undersigned, am hereby nominated as a candidate at the said election. |
| ***Candidate’s Surname as in Register of Electors*** | ***Other Names as in Register of Electors*** | ***Home address in full***  | ***Electoral Number*** ***Tel: 01586 555300******OR 01546 604401*** |
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| ***E-Mail: Tel:*** I, the nominee for the election, consent to being nominated as a candidate for the………………………………………………………………………………….. Community Council *(Insert name of Community Council above)* |

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| I declare that I am qualified to be elected, that I have attained the age of 16 years and I am registered as an elector for the Community Council area as in the register of electors in respect of the above. |
| I declare that I am not disqualified from being a candidate for election as a Community Councillor by reason of any of the disqualifications set out in the Notes for Candidates. |
| To be completed by **Candidate** |
| (Signature of Candidate) ……………………………………………………………………………….(Date) ……………………………………………………………………………………………………. |
| To be completed by **Proposer** |
| (Signature of Proposer) ……………………………………………………………………………….(Name of Proposer) (Block Capitals) ………………………………………………………………...(Address of Proposer) ……………………………………………….………………………………...………………………………………………………………………………………………………………...…………………………………………………………………………………………………………(Date) …………………………………………Elector Number …………………………………….. |
| To be completed by **Seconder** |
| (Signature of Seconder) ……………………………………………………………………………….(Name of Seconder) (Block Capitals) ………………………………………………………………...(Address of Seconder) ……………………………………………….………………………………...………………………………………………………………………………………………………………...…………………………………………………………………………………………………………(Date) ……………………………………………Elector Number …..……………………………….. |

**Note 1** A person’s electoral number consists of the distinctive letter or letters (or number or numbers) of the polling district in which he/she is registered together with his/her number in the register to be used at the election. Telephone 01586 555300.

**Note 2** The attention of Candidates is drawn to the Guidance Notes enclosed with this form, in particular Section 13, for information on Candidate Statements. The deadline for receipt of Statements is Thursday 24 September 2020.

**ARGYLL AND BUTE COUNCIL**

**COMMUNITY COUNCIL BY- ELECTIONS**

**THURSDAY 5 NOVEMBER 2020**

**CANDIDATE’S SUPPORTING STATEMENT**

All candidates are requested to submit a 100 word statement in support of their candidature, which will be used only if a contest is required in the candidate’s area.

COMMUNITY COUNCIL ………………………………………….……………………………….

 *(Insert name of Community Council above)*

CANDIDATE ………………………………………………………………………………………...

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SIGNATURE ………………………………………………………………………………………...

DATE ……………………..……………………………………………………………………….....

Closing date for submission of Candidate Statements is Thursday 24 September 2020 at 4.00pm.