

COMMUNITY COUNCIL ELECTIONS NOMINATION FORM



Clackmannanshire
Council

www.clacks.gov.uk

Comhairle Siorrachd
Chlach Mhanann

1. Community Council Area: _____

2. *Name of Candidate: _____
Title Forename Surname

Address of Candidate: _____

Post Code: _____

Tel No: _____

E:mail address: _____

Electoral Roll No (if known): _____

3. I, the above named candidate, hereby declare that:

- (a) I consent to nomination as a Community Council member.
- (b) I am 16 years of age or over.
- (c) I am included on the current electoral register for the Community Council area.
- (d) I am not subject to any legal incapacity.

Candidate's Signature: _____ **Date:** _____

4. We, the under noted electors, hereby nominate the above named candidate for election to the above Community Council. **I have not subscribed to any other candidate's Nomination Form.**

4.1 **Signature of 1st Subscriber:** _____ **Date:** _____

Full Name of 1st Subscriber: _____

Address: _____

Post Code: _____

Tel No: _____

Electoral Roll No (if known): _____

4.2 **Signature of 2nd Subscriber:** _____ **Date:** _____

Full Name of 2nd Subscriber: _____

Address: _____

Post Code: _____

Tel No: _____

Electoral Roll No (if known): _____

5. Nomination Forms must be received **NO LATER THAN 4PM THURSDAY 16 September 2021 (electronic transmission will not be accepted)** at the address below:

The Returning Officer
Clackmannanshire Council
Kilncraigs
Greenside Street
Alloa FK10 1EB

6. To make an appointment to deliver your application or if you have any queries regarding completion of this form, please contact the Election Office on **01259 452266** or email: **elections@clacks.gov.uk**

***Your name only will be published by Clackmannanshire Council when declaring the results of the election and on the ballot paper.**



COMMUNITY COUNCIL ELECTIONS
PERSONAL STATEMENT BY CANDIDATE

Completion of this form is optional

Candidates wishing to make a Personal Statement should use this form. Please note that statements must not exceed 250 words. The completed form should accompany the Nomination Form and must be received by the Returning Officer by **4 pm Thursday 16 September 2021**.

Name: _____

Address: _____

Signed: _____ Date: _____

Community Council Area: _____

Personal Statement:

Cont'd over .../

