

APPLICATION FOR ELECTION

HOSPITAL DISTRICT TRUSTEE

_____ I, the undersigned, swear or affirm that I was born on _____;
that I have been a resident of the _____ hospital district since
_____; residing at _____; that
I am an elector of said district and I do hereby request that my name,
_____, be printed on the ballot for the election
to be held on the **3rd** day of **November, 2026** as a candidate representing for a
I hereby declare that if I am elected, I will qualify for the office.

DATED this _____ day of _____, 2026.

Print or type your name exactly as
You wish it to appear on the ballot.
(W.S.22-6-111 states that
professional titles or degrees shall
not appear on the ballot.)

Signature of Candidate

Residence Address, City & Zip Code

Mailing Address, if different

Telephone Number

Email Address

Filling period Aug 5th to Aug 24th, 2026