

CONSOLIDATED PRIMARY PETITION (NONPARTISAN – MUNICIPALITY OTHER THAN COMMISSION FORM)

We, the undersigned, qualified voters in the \_\_\_\_\_ of \_\_\_\_\_ in the County of \_\_\_\_\_ and State of Illinois, and residing at the places set opposite our respective names, do hereby petition that the name of \_\_\_\_\_, who resides at \_\_\_\_\_ in the City, Town or Village of \_\_\_\_\_ Zip Code \_\_\_\_\_ County of \_\_\_\_\_ State of Illinois, be placed upon the ballot as a candidate for nomination for the office of \_\_\_\_\_ full term or vacancy (circle one) at the Consolidated Primary election to be held on \_\_\_\_\_ (date of primary election); provided that if no primary election is required, the candidate's name will appear on the ballot at the Consolidated Election for election to said office and term.

If required pursuant to 10 ILCS 5/10-5.1, complete the following (this information will appear on the ballot)

FORMERLY KNOWN AS \_\_\_\_\_ UNTIL NAME CHANGED ON \_\_\_\_\_ (List all names during last 3 years) (List date of each name change)

Table with 4 columns: NAME (VOTER'S SIGNATURE), STREET ADDRESS OR RR NUMBER, CITY, TOWN OR VILLAGE, COUNTY. Rows 1-15.

State of \_\_\_\_\_ ) County of \_\_\_\_\_ ) SS.

I, \_\_\_\_\_ do hereby certify that I reside at \_\_\_\_\_ (Circulator's Name) (Street Address)

in the \_\_\_\_\_ of \_\_\_\_\_ (City/Village/Unincorporated Area) (if unincorporated, list municipality that provides postal service) (Zip Code)

County of \_\_\_\_\_, State of \_\_\_\_\_ that I am 18 years of age or older, that I am a citizen of the United States, and that the signatures on this sheet were signed in my presence, not more than 90 days preceding the last day for filing of the petitions and are genuine and that to the best of my knowledge and belief the persons so signing were at the time of signing the petition registered voters of the political division in which the candidate is seeking elective office, and that their respective residences are correctly stated, as above set forth.

\_\_\_\_\_  
(Circulator's Signature)

Signed and sworn to (or affirmed) by \_\_\_\_\_ before me, on \_\_\_\_\_ (Name of Circulator) (insert month, day, year)

\_\_\_\_\_  
(Notary Public's Signature)

(SEAL)

SHEET NO. \_\_\_\_\_