TOWN OF CENTREVILLE
SUPERVISORS OF ELECTIONS
101 LAWYER'S ROW
CENTREVILLE, MARYLAND 21617
410-758-1180

CERTIFICATE OF NOMINATION:
TOWN COUNCIL

I _____, do hereby certify that I am interested in the vacancy on
(print full name)
the Town Council. Additionally, I certify that I am at least twenty-five (25) years of age; have resided within the Town limits of Centreville for at least two (2) years, and have been a registered voter of the Town of Centreville for at least six (6) months.

SIGNATURE OF CANDIDATE:_____

DATE OF FILING:_____

ADDRESS OF CANDIDATE:_____

_____

EMAIL ADDRESS:_____

PHONE NUMBER:_____

ATTEST:

_____ DATE: _____
Town Clerk

APPROVED BY BOARD OF SUPERVISORS OF ELECTIONS

_____ DATE: _____
Jim Watson, Chair

_____ DATE: _____
Vacant, Vice Chair

_____ DATE: _____
Nancy Weibell, Member

_____ DATE:_____
Jennifer Holdgreve, Member

_____ DATE:_____
Chrissy Chisolm, Member