## **SELF- NOMINATION AND ACCEPTANCE**

C.R.S 1-13.5-303; 1-45-109(1); 1-45-110; SOS CPF Rule 16; 1-4-908(1); 1-4-912

I,							
(full name of	f the cand	lidate as the name wi	ill appear on the ballot	t, cannot use title	es such as "MD," "Reverend," or "Chief")		
who reside at	:						
	(Reside	ence Street Name and	d Number)				
	(City or	Town, Zip Code)					
	(County	y, State)					
	(Mailing	Address, if different	from residence addre	ess)			
	, ,			,			
wnose email a	addres		Address)				
hereby nomi	nate n	nyself and acce	ept such nomir	nation for th	e office of Director for		
a	_ three	-year term [for_	Director Dis	trict, if appli	cable] on the Board of Directors of the		
District at the	regula	r election on Ma	ay 3, 2022, <b>and</b>	will serve	if elected.		
I affirm that I	o ∣am ar	n eligible electo	or of the		District and am an		
		•		nation and A	Acceptance Form (or letter).		
I am an	eligible	elector because I a	am registered to vo	te in Colorado	and am (mark one):		
	A resident of the District, or area to be included in the district; or						
	The owner (or spouse/civil union partner of owner) of taxable real or personal property situated within the boundaries of the District, Spouse's Name, if property is in spouse's name:						
		A person who is District.	obligated to pay ta	xes under a co	ontract to purchase taxable property within the		
defined in § 3	38-33.		olorado Revise		d of a unit owner's association, as located within the boundaries of the		
required in § office, receiv	1- 45- e cont e, how	110 of the Coloributions or mover, if I do so	orado Revised nake expenditu	Statutes, a res exceed	Fair Campaign Practices Act as nd I will not, in my campaign for this ing \$200 in the aggregate during the sclosure reports required under the		
<b>DATED</b> this _	d	ay of	, 20	WIT	<b>NESSED</b> by the following registered elector:		
(Signature of Cano	didate)			(Sign	nature of Witness)		
(Printed Full Name of Candidate)				(Prin	ted Full Name of Witness)		
(Email Address)				(Res	idence Address)		
(Telephone Numbe	er)			(City	or Town, Zip Code)		

Division of Local Government-Department of Local Affairs - 2020 Election Revised 9/10/2020

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## For Use by the Designated Election Official:

Received on:	(Date)	_, at: (Time)	Received by:	(Name)			
Self-Nomination F	Form Deemed:						
Sufficient	on:	(Date	e/Time)				
Not Suffic	Not Sufficient on: Candidate Notified on: (I						
Received	Amended Form on:		(Date/Time)				
Amended	Form Sufficient on:		(Date/Time)				
County in which th	ne district court that auth	norized the creat	ion of the special district is l	located:			
			) [If the election is $\underline{\text{not}}$ cancetate no later than the $60^{\text{th}}$ d				

\*\*\*ATTENTION: DO NOT FILE WITH THE SECRETARY OF STATE IF YOUR ELECTION IS CANCELLED!