



DELBERT HOSEMANN  
Secretary of State

**Candidate Petition**  
**SPECIAL MUNICIPAL SEPARATE SCHOOL DISTRICT**  
**(VICKSBURG-WARREN COUNTY ONLY)**

**TO ELECTION COMMISSION** of \_\_\_\_\_: We the undersigned qualified electors of the  
\_\_\_\_\_  
*Name of County*  
\_\_\_\_\_, State of Mississippi hereby petition that the name of \_\_\_\_\_  
*Name of County*  
be placed upon the ballot of the election to be held on \_\_\_\_\_, 20\_\_\_\_, as a candidate for the  
office of Vicksburg-Warren County Special Municipal Separate School District Trustee.

In compliance with Miss. Code Ann. § 37-7-711, the name of any qualified elector who is a candidate for the board of trustees of such special municipal separate school district, whether such person be a candidate for an unexpired term or for a full term, shall be placed on the ballot used in the elections, provided that the candidate files with the county election commissioners, not more than ninety (90) days and not less than sixty (60) days prior to the date of such general election, a petition of nomination signed by not less than one hundred fifty (150) qualified electors of the county, in all special municipal separate school districts which may be organized, reorganized or reconstituted to embrace the entire county in which the majority of the inhabitants of the county reside outside the corporate limits of the municipality.

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|--------------------------------------|--------------------------------------|
| 1. SIGNATURE _____<br>Address _____  | Printed Name _____<br>Precinct _____ |
| 2. SIGNATURE _____<br>Address _____  | Printed Name _____<br>Precinct _____ |
| 3. SIGNATURE _____<br>Address _____  | Printed Name _____<br>Precinct _____ |
| 4. SIGNATURE _____<br>Address _____  | Printed Name _____<br>Precinct _____ |
| 5. SIGNATURE _____<br>Address _____  | Printed Name _____<br>Precinct _____ |
| 6. SIGNATURE _____<br>Address _____  | Printed Name _____<br>Precinct _____ |
| 7. SIGNATURE _____<br>Address _____  | Printed Name _____<br>Precinct _____ |
| 8. SIGNATURE _____<br>Address _____  | Printed Name _____<br>Precinct _____ |
| 9. SIGNATURE _____<br>Address _____  | Printed Name _____<br>Precinct _____ |
| 10. SIGNATURE _____<br>Address _____ | Printed Name _____<br>Precinct _____ |

Copy this form for succeeding pages. The appropriate registrar must certify signatures on this form.

The opening paragraph of each page of signatures MUST include:

- (1) The name of the candidate, (2) office sought, and (3) date of the election.