Candidate Petition
SPECIAL MUNICIPAL SEPARATE SCHOOL DISTRICT
(LOUISVILLE, GRENADE, NATCHEZ-ADAMS AND TISHOMINGO COUNTY)

To: Election Commission of ________________________________________________:

(Name of County)

We the undersigned qualified electors of the _________________________________________, State of Mississippi hereby petition

(Name of County)

that the name of _________________________________________ be placed upon the ballot of the election to be held on

______________________, 20_______, as a candidate for the office of _________________________________________ Special Municipal

School District Trustee.

In all special municipal 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, and 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 election, provided 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 election, a petition of nomination signed by

not less than fifty (50) qualified electors of the county. Where there are less than one hundred (100) qualified electors in said area represented by the

trustee, it shall only be required said petition of nomination be signed by at least twenty percent (20%) of the qualified electors in said area.

1. SIGNATURE ___________________________________________ Printed Name____________________________________
   Address ______________________________________________ Precinct ____________________________

2. SIGNATURE ___________________________________________ Printed Name______________________________
   Address ______________________________________________ Precinct ____________________________

3. SIGNATURE ___________________________________________ Printed Name______________________________
   Address ______________________________________________ Precinct ____________________________

4. SIGNATURE ___________________________________________ Printed Name______________________________
   Address ______________________________________________ Precinct ____________________________

5. SIGNATURE ___________________________________________ Printed Name______________________________
   Address ______________________________________________ Precinct ____________________________

6. SIGNATURE ___________________________________________ Printed Name______________________________
   Address ______________________________________________ Precinct ____________________________

7. SIGNATURE ___________________________________________ Printed Name______________________________
   Address ______________________________________________ Precinct ____________________________

8. SIGNATURE ___________________________________________ Printed Name______________________________
   Address ______________________________________________ Precinct ____________________________

9. SIGNATURE ___________________________________________ Printed Name______________________________
   Address ______________________________________________ Precinct ____________________________

10. SIGNATURE ___________________________________________ Printed Name____________________________
    Address ______________________________________________ Precinct ____________________________

Copy this form for succeeding pages. The appropriate Circuit Clerk 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.