



# Candidate Petition

## SPECIAL MUNICIPAL SEPARATE SCHOOL DISTRICT (VICKSBURG-WARREN COUNTY ONLY)

To: Election Commission of \_\_\_\_\_:  
(Name of County)

We the undersigned qualified electors of the \_\_\_\_\_, State of Mississippi hereby petition  
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 \_\_\_\_\_ Special Municipal School District Trustee.

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, 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 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.

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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 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.*