NOMINATION PAPER FOR COMMUNITY COUNCIL ELECTED REPRESENTATIVE

We,

	Full Name	Home Address	Contact Tel. No.	E-Mail address	Electoral No. (for office use only)		
proposer							
seconder							
being persons residing in and appearing on the electoral register for the area ofCommunity Council hereby nominate							
	Full name	Address	Contact Tel. No.	E Mail address	Electoral No. (for office use only		
nominee							
as a candidate for election as an elected representative on the Community Council.							
	Signature of propose	er					
	Date						
	Signature of second	Signature of seconder					
	Date						

Please continue overleaf

I, the nominee for election, consent to b	eing nominated and, if elected, accept office as an elected repr	esentative on the
	Community Council in accordance with the Edinburgh Scheme	for Community Councils.
Signature of nominee		
Date		

This Nomination Form must be completed and returned to the **Returning Officer by 4pm on Monday 23 September 2013**. If an election is required it will be held on Thursday 24 October 2013. The **Returning Officer** for each community council area is listed on the Council's website at www.edinburgh.gov.uk/communitycouncils and www.edinburghnp.org.uk. Please note the Council cannot accept completed forms by email for security reasons.

A copy of the Edinburgh Scheme for Community Councils is available at www.edinburgh.gov.uk/communitycouncils