

MUIRHOUSE SALVESEN COMMUNITY COUNCIL

NOMINATION PAPER FOR ELECTED REPRESENTATIVE

We,

proposer seconder		Full Name Please print clearly	Home Address	Contact Tel. No.	E-Mail address	Electoral No. (for office use only)
seconder	proposer					
	seconder					

being persons residing in and appearing on the electoral register for the area of Muirhouse Salvesen Community Council, hereby nominate

	Full name	Address	Contact Tel. No.	Electoral No. (for office use only
nominee				

as a candidate for election as an elected representative on the Muirhouse Salvesen Community Council.

Signature of proposer Signature of seconder

Date Date



I, the nominee for election, consent to being nominated and, if elected, accept office as an elected representative on the **Muirhouse Salvesen Community Council** in accordance with the Edinburgh Scheme for Community Councils.

Signature of nominee	
Date	
Date	

This Nomination Form must be completed and returned to the Returning Officer

Chris Highcock
The City of Edinburgh Council
City Chambers
High Street
Edinburgh
EH1 1YJ
0131 469 3126

by 4pm Friday 30 June 2017.

If an election is required it will be held on Monday 13 July 2017

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