

FILING FEE WAIVER PETITION FOR COUNCILMEMBER
THE UNDERSIGNED RESIDENTS OF SALT LAKE CITY BEING 18 YEARS OR OLDER
NOMINATE _____ TO THE OFFICE OF COUNCILMEMBER.

COUNCIL DISTRICT # _____

NOTE: PLEASE COPY THIS FORM FOR EACH COUNCIL DISTRICT.

NAME (PRINTED)	NAME SIGNATURE	ADDRESS	PHONE NO.
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

NAME (PRINTED)	NAME SIGNATURE	ADDRESS	PHONE NO.
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			

NAME (PRINTED)	NAME SIGNATURE	ADDRESS	PHONE NO.
35			
36			
37			
38			
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			
51			
52			
53			
54			

NAME (PRINTED)	NAME SIGNATURE	ADDRESS	PHONE NO.
55			
56			
57			
58			
59			
60			
61			
62			
63			
64			
65			
66			
67			
68			
69			
70			
71			
72			
73			
74			

NAME (PRINTED)	NAME SIGNATURE	ADDRESS	PHONE NO.
75			