

**UPPER SAN JUAN HEALTH SERVICE DISTRICT
SELF-NOMINATION AND ACCEPTANCE FORM
FOR VACANCY ON THE USJHSD BOARD OF DIRECTORS**

C.R.S 1-13.5-303; 32-1-103(4); 1-45-109(1); 1-45-110; SOS CPF Rule 16; 1-4-908(1), 1-4-912

Nominee's full name: _____

Nominee's residence address: _____

Nominee's mailing address (if different): _____

Nominee's email address: _____

Nominee's phone number: _____

- I, _____, hereby nominate myself and accept such nomination for the office of Director of the Upper San Juan Health Service District.

- I, _____, affirm I am an eligible elector of the USJHSD District as follows:
 - I am registered to vote in Colorado; *AND*
 - I am a resident of the USJHSD District, or I (or my spouse) am the owner of taxable real or personal property situated within the USJHSD District. If the qualifying property in the District is in my spouse's name, his/her full name is:

- I, _____, affirm that if I am appointed to serve as Director:
 - I agree the period of appointment is from the date of appointment by the USJHSD Board through May 22, 2018, which is the remaining term vacated by departing director Dr. Richard Zak.
 - I am eligible, qualified and will serve the period of appointment.

Nominee's signature/date: _____

Witness (by an eligible elector of the District) signature/date: _____

Witness residence address: _____

Received by PSMC (name/date/time): _____