

## Form of Fire District Candidate Designating Petition

I, the undersigned, do hereby state that I am a registered voter of the Wading River Fire District, eligible to vote in the annual elections of the Wading River Fire District, and entitled to vote at the next annual election of the Wading River Fire District to be held on **December 12, 2023**; that my place of residence is truly stated opposite my signature hereto; and I do hereby designate the following named person as a candidate for the nomination for Commissioner of the Wading River Fire District.

Name of Candidate	Office	Place of Residence
_____	<b>Fire District Commissioner</b>	_____
	<b>Of the Wading River Fire District</b>	_____
	<b>Term Ending: December 31, 2028</b>	_____

In witness whereof, I have hereunto set my hand, the day and year placed opposite my signature.

Name (Signature)	Name (Print)	Address	Date
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
13. _____	_____	_____	_____
14. _____	_____	_____	_____
15. _____	_____	_____	_____
16. _____	_____	_____	_____
17. _____	_____	_____	_____
18. _____	_____	_____	_____
19. _____	_____	_____	_____
20. _____	_____	_____	_____
21. _____	_____	_____	_____
22. _____	_____	_____	_____
23. _____	_____	_____	_____
24. _____	_____	_____	_____
25. _____	_____	_____	_____

### STATEMENT OF WITNESS OF SIGNATURES

I, \_\_\_\_\_, state: I am a duly qualified voter of the State of New York, and I am a registered voter of the Wading River Fire District. I reside at \_\_\_\_\_ (residence address). Each of the individuals whose names are subscribed on this petition sheet containing \_\_\_\_ (insert number of signatures) signatures, subscribed the same in my presence on the dates above indicated and identified himself or herself to be the individual who signed the sheet. I understand that this statement will be accepted for all purposes as the equivalent of an affidavit and, if it contains a material false statement, shall subject me to the same penalties as if I had been duly sworn.

Date: \_\_\_\_\_

Signature of Witness of Signatures: \_\_\_\_\_

**THIS FORM MUST BE RETURNED TO WRFD SECRETARY NO LATER THAN NOVEMBER 22, 2023**