

Office: (250) 765-5169 Fax: (250) 765-0277 www.bmid.ca

NOMINATION FORM

WE HEREB	Y NOMINATE:	
for the office	e of TRUSTEE of Black	x Mountain Irrigation District.
MOVED BY:	Name	Signature
CECONDED		orginatur e
SECONDED:	Name	Signature
IN ACCORDA	ANCE WITH THE LETT	ERS PATENT OF BLACK MOUNTAIN IRRIGATION DISTRICT:
the Provi	vince of BC Elections Ac AD THE ABOVE AND D	O HEREBY DECLARE THAT I AM QUALIFIED AS AFORESAID TEE OF BLACK MOUNTAIN IRRIGATION DISTRICT AND
Signature		 Date
Occupation		Phone Number
Email Addres	SS	