

**SELF- NOMINATION AND ACCEPTANCE FORM
Blue Valley Metropolitan District**

I, _____,
Full Name of the Candidate as the Name will appear on the Ballot

who reside at: _____,
Residence Street Name and Number

City or Town, Zip Code County

Mailing Address if different from Street Address

hereby nominate myself and accept such nomination for the office of Director for a (select one);

___ two (2) year term

___ four (4) year term

on the Board of Directors of Blue Valley Metropolitan District and will serve if elected at the regular election to be conducted on May 2, 2023.

I affirm that I am an eligible elector of Blue Valley Metropolitan District and am an eligible elector at the date of signing this Self-Nomination and Acceptance Form.

I further affirm that I am familiar with the provisions of the Fair Campaign Practices Act as required in § 1-45-110 of the Colorado Revised Statutes.

Dated this ____ day of _____, 2023.

Signature of Candidate

Printed Full Name

Telephone Number

WITNESSED by the following registered elector

Signature of Witness

Printed Full Name County

Residence Street Name and Number City or Town, Zip Code

Telephone Number

Received this ____ day of _____, 2023

By: _____ Andrea Buller,
Designated Election Official