



**COMMUNITY COUNCIL CO-OPTION
NOMINATION FORM**

The undernoted candidate is hereby proposed and seconded for CO-OPTION to the following Community Council and, where applicable, the relevant sub-area.

COMMUNITY COUNCIL

SUB-AREA (*where applicable*)

Signature by the candidate is confirmation that the candidate accepts the nomination.

	FULL NAME (BLOCK CAPITALS)	HOME ADDRESS IN FULL (BLOCK CAPITALS)	SIGNATURE AND DATE
CANDIDATE			
Commonly Used Forename (if any)		Candidate's Email Address/Tel No.	
PROPOSER			
SECONDER			

This form of nomination should be duly completed and sent to the Community Council Team, Perth and Kinross Council, 2 High Street, Perth, PH1 5PH for checking prior to co-option.

NOTES:

- (i) **Candidates** for co-option must be 16 years of age, reside in the local area and be named on the electoral register for the **community council area or sub-area** in which they are standing. A Candidate's **proposer** and **seconder** must also reside and be named on the electoral register for the same **community council area or sub-area** as the candidate. For precise provisions applicable reference should be made to the Scheme of Establishment of Community Councils.
- (ii) Please ensure that the NAMES and ADDRESSES of the Candidate, Proposer and Secunder are shown clearly.

Copies of the Scheme of Establishment of Community Councils and further information may be obtained from the Returning Officer, Perth and Kinross Council, 2 High Street, Perth, PH1 5PH Tel: 01738 475004; Email communitycouncils@pkc.gov.uk or downloaded from the website www.pkc.gov.uk/communitycouncils