

2025 OFFICIAL FILING PETITION
(Water Code 50731.6)
Nomination of Candidate

We, the undersigned voters of Reclamation District No. 2059, Bradford Island, hereby nominate
_____ for the office of Trustee of the District

(Name of Candidate)

for a term of four (4) years.

	Name	Date	Residence
1.	_____ Print Name	_____	_____ Residence Address
	_____ Signature		_____ City, State, Zip Code
2.	_____ Print Name	_____	_____ Residence Address
	_____ Signature		_____ City, State, Zip Code
3.	_____ Print Name	_____	_____ Residence Address
	_____ Signature		_____ City, State, Zip Code
4.	_____ Print Name	_____	_____ Residence Address
	_____ Signature		_____ City, State, Zip Code
5.	_____ Print Name	_____	_____ Residence Address
	_____ Signature		_____ City, State, Zip Code

AFFIDAVIT OF CIRCULATOR

State of California)
County of _____) ss.

_____, being duly sworn, deposes and says:

(Name of Circulator)

that _____ (he/she) circulated the foregoing petition and saw all the signatures appended thereto and knows that they are the signatures of the persons whose names they purport to be.

(Signature of circulator)

Subscribed and sworn to before me
this ____ day of _____, 20__.

Notary Public in and for the County
of _____, State of California.
My commission expires _____.

(please be sure to complete back page)

AFFIDAVIT OF NOMINEE

State of California)
County of _____) ss.

_____, being duly sworn, says that he/she is says
(Name of Nominee)

that he/she is the above-named nominee for the office of Trustee of Bradford Island Reclamation District # 2059, that he/she will accept the office in the event of his/her election, that he/she desires his/her name to appear on the ballot as follows:

(Print name above)

that he/she desires the following occupational designation, containing not more than three words, to appear on the ballot under his/her name, and that this designation is correct.

(Print desired designation, if any, above)

(Signature of nominee)

Subscribed and sworn to before me
this ____ day of _____, 20____.

Notary Public in and for the County
of _____, State of California.
My commission expires _____.