

**FALLSBURG CENTRAL SCHOOL DISTRICT**  
**PETITION FOR BOARD MEMBER NOMINATION**

TO: The Clerk of the Fallsburg Central School District, Town of Fallsburg, Mamakating and Thompson, Sullivan County and Town of Wawarsing, Ulster County, State of New York, Fallsburg, New York.

I, the undersigned, being a resident, citizen and qualified voter of the Fallsburg Central School district, Town of Fallsburg, Mamakating and Thompson, Sullivan County and Town of Wawarsing, Ulster County, state my place of residence is truly stated opposite my signature hereto and I do hereby designate and nominate \_\_\_\_\_ of

\_\_\_\_\_ as a trustee of said District to fill the **expired** term of \_\_\_\_\_ of \_\_\_\_\_

Street Address                      City                      Phone Number  
**Ms. Katherine Rappaport** for the election to be held on **Tuesday, May 19, 2020**, and such designation and nomination is made under the provisions of the Education Laws of the State of New York. Her term of office is **3** years.

The petition must be signed by at least 25 qualified voters of the School District, with their **RESIDENTIAL** addresses, **NO PO BOXES**, and must be submitted no later than 5:00 P.M. on **April 20, 2020**.

IN WITNESS WHEREOF, I have hereunto set my hand the day and year opposite my signature.

	DATE	NAME OF SIGNER <i>(please print)</i>	SIGNATURE OF SIGNER	STREET ADDRESS OF RESIDENCE & TOWN  (NO P.O. BOXES)
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I, the undersigned, being a resident, citizen and qualified voter of the Fallsburg Central School district, Town of Fallsburg, Mamakating and Thompson, Sullivan County and Town of Wawarsing, Ulster County, state my place of residence is truly stated opposite my signature hereto and I do hereby designate and nominate \_\_\_\_\_ of

\_\_\_\_\_ as a trustee of said District to fill the **expired** term of

**Mr. Joe Collura** for the election to be held on **Tuesday, May 19, 2020**, and such designation and nomination is made under the provisions of the Education Laws of the State of New York. Her term of office is **3** years.

	DATE	NAME OF SIGNER <i>(please print)</i>	SIGNATURE OF SIGNER	STREET ADDRESS OF RESIDENCE & TOWN  (NO P.O. BOXES)
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*Petitions are provided by the School District as a courtesy. Candidates alone are responsible for compliance with the Education Law.*