



CENTRAL COVENTRY FIRE DISTRICT

240 Arnold Rd
Coventry, RI 02816
(401) 825-7803

FIRE – RESCUE – EMS – PREVENTION

Nomination Form for Central Coventry Fire District

I _____ seek office as Director of the Central Coventry Fire District.
(Print Name)

All signatures are due to the District Clerk by 4:00 P.M. 60 days (07/11/2024) prior to the CCFD Annual Meeting

CCFD Annual Meeting will be held on Monday September 09, 2024

Each of the signers of this paper, by so signing, certifies that he or she is a qualified voter in the town of Coventry and resides in the Central Coventry Fire District.

Print Name (First, M.I., Last)	Signature (First, M.I., Last)	Date
Address (Number and Street)		
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		



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Print Name (First, M.I., Last)	Signature (First, M.I., Last)	Date
Address (Number and Street)		
9.		
10.		
11.		
12.		
13.		
14.		
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16.		
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18.		
19.		
20		



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Print Name (First, M.I., Last)	Signature (First, M.I., Last)	Date
Address (Number and Street)		
21.		
22.		
23.		
24.		
25.		
26.		
27.		
28.		

Note: To be filled in by person who secured the signatures on this nomination form.

I, _____, of _____ say that the signers of the
(Print Name) (Print Street Address)
 within nomination paper(s) did so sign the same in my presence.

Signature of Candidate

Date

Office Use Only

I hereby certify that _____ of these signatures are names of qualified electors in the Central Coventry Fire District.

By: _____ Date: _____