

**TOWNSHIP OF ARMSTRONG**

**APPENDIX B  
COUNCIL APPOINTMENT CONSENT OF NOMINEE FORM**

**Nominee Information**

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Qualifying Address:** \_\_\_\_\_

\_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**CONSENT OF NOMINEE**

I, \_\_\_\_\_, the person mentioned in this Consent of Nominee, declare that I am presently legally qualified to be appointed to hold the office of \_\_\_\_\_, and I consent to accept the appointment to that office. I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

\_\_\_\_\_  
**Signature of Candidate**

\_\_\_\_\_  
**Date**

**Filing:**

**Filed date:** \_\_\_\_\_ **Filed Time:** \_\_\_\_\_ **Nominee Initials:**

\_\_\_\_\_  
**Clerk or Designate Signature:**