



Richland County Neighborhood Council

2025/26 PETITION FOR CANDIDACY

DEADLINE FOR SUBMISSION IS FRIDAY MAY 15, 2025

INDIVIDUAL - Contact Information

Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

What County Council District do you reside in: _____

WHAT POSITION ARE YOU DECLARING YOUR CANDIDACY FOR:
(Only One Position Allowed)

President	Vice President	Secretary	Treasurer	At-Large

WHAT RECOGNIZED NEIGHBORHOOD ORGANIZATION ARE YOU A MEMBER OF?*

**A "Recognized Neighborhood Organization" meets the following requirements:*

- *An identifiable constituency, located within fixed geographical boundaries, at least part of which are within the County limits;*
- *At least one public neighborhood meeting annually;*
- *An elected body of officers*
- *A non-partisan nature;*
- *A Constitution and/or Bylaws and/or Statement of Principles of Operation.*

<p>Have you attended a minimum of three (3) neighborhood events, consecutive</p> <p>1. Neighborhood Association/Organization meetings, Richland County Neighborhood Improvement Program (NIP) events between July 1, 2024 and April 30, 2025?</p>	<table border="1" style="margin: auto;"> <tr style="background-color: #ffcc00;"> <th style="padding: 5px;">YES</th> <th style="padding: 5px;">NO</th> </tr> <tr> <td style="width: 40px; height: 30px;"> </td> <td> </td> </tr> </table>	YES	NO		
YES	NO				

2. If you are to be elected to your requested position on the RCNC Board, what would you hope to accomplish during your tenure?

3. Why would you be a good candidate for this position?



By signing my name, I certify that:

1. I have not previously been impeached, recalled, or asked to resign from the RCNC, or an office thereof, and am in good standing with RCNC.
2. All other information contained in this petition is accurate and truthful. Note: Intentionally or unintentionally misrepresenting information on this petition is a reason to be disqualified from the election process.
3. I will comply with Article V – Election of Officers of the RCNC Bylaws.
4. If any of this information changes, I will notify the Nominating Committee immediately.

Applicant Signature: _____ Date: _____

Print Name: _____

OFFICIAL USE ONLY

RCNC President Signature	Date
Notes:	

Does the RCNC Board wish to move forward with this candidate for the requested position on the RCNC Board?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

NIP Staff Signature	Date
Notes:	

Does this candidate meet the membership requirements to petition candidacy for the requested position on the RCNC Board?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

NIP Staff Signature	Date
Notes:	