



THE CITY OF NEW YORK
COMMUNITY BOARD 9
 MANHATTAN

Morningside Heights
 Manhattanville
 Hamilton Heights

16-18 Old Broadway
 New York, NY 10027
 Phone: (212) 864-6200
 Fax: (212) 662-7396

INTENT TO RUN FORM

Name: _____

Office: _____

Email: _____

The 7 current board members below are supporting my candidacy and enable me to meet the requirements for the Office above in accordance with Article IV, Section B.1 of the Community Board 9 Manhattan By-Laws. **NOTE: All supporting board members must also VERBALLY indicate support from the floor during Nomination’s night.**

Signature _____ Print Name _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

WRITTEN STATEMENT (250 WORDS OR LESS) MAY BE ATTACHED ON A SEPARATE SHEET

PLEASE SUBMIT THIS FORM (3) THREE DAYS IN ADVANCE OF NOMINATIONS NIGHT TO APPEAR IN THE GENERAL MEETING PACKET.