

**COMMUNITY OVERSIGHT BOARD
NOMINATING PETITION**

The Petition must affix at least fifty (50) signatures of Davidson County residents, including name, address, and phone number .

Metropolitan Charter Sec. 11.1301. Created; qualifications, terms and selection of members

There is hereby created The Metropolitan Government of Nashville and Davidson County Community Oversight Board, sometimes in this chapter called “the Board,” to be operational no later than January 31, 2019. The Board shall consist of eleven (11) Members, who are residents of Davidson County and shall serve three (3) year terms without compensation. The Board members must have a demonstrated knowledge of issues pertaining to civil rights and equity, and must have experience with criminal justice and policing practices. Board members are to receive related orientation and training, including the completion of Metropolitan Nashville’s Citizen Police Academy or an equivalent training, and ongoing civil rights and equity training from entities concerned with police oversight. Ineligible persons for the Board and the supporting staff include current employees of any law enforcement agency; anyone who has served in a law enforcement capacity in the past five year; any elected official; and the spouses of the foregoing persons. Seven (7) of the Board members shall be persons who are nominated by community organizations or private petition signed by fifty (50) Davidson County residents and approved by majority vote of the Council. At least four (4) of the seven (7) members must reside in economically distressed communities. Two (2) of the members shall be persons who are nominated by Council Representatives, and then approved by majority vote of the Council. Two (2) of the members shall be persons who are nominated by the Mayor, and then approved by majority vote of the Council. Except for the initial appointees who shall serve at least a one-year (1) term, the successive Board members shall serve staggered three-year terms. The initial Board members shall develop rules for determining staggered terms for the succeeding appointees to the Board.

VERIFICATION OF RESIDENCY BY PETITION SIGNATORS

By signature hereof, the undersigned **Petitioner** _____ hereby verifies that the persons who have signed the foregoing petition and hereby nominated said Petitioner for consideration of appointment to a three (3) year term without compensation on The Metropolitan Government of Nashville and Davidson County Community Oversight Board are each residents of Davidson County, Tennessee to the knowledge and belief of the Petitioner.

Signature of Petitioner

VERIFICATION OF ELIGIBILITY BY SIGNATORS

By signature hereof, each undersigned resident of Davidson County, Tennessee does hereby verifies that the above-named **Petitioner** fulfills the eligibility requirements enumerated above, and does therefore and hereby nominate said Petitioner for consideration of appointment to a three (3) year term without compensation on The Metropolitan Government of Nashville and Davidson County Community Oversight Board. In evaluating the petitioner’s application, the Metropolitan Council may use the contact information below to request additional information about the applicant or to confirm residency of the petition signators.

Nominating Petition of _____ (name)

1.

Name (Printed)	Signature	Address	Phone	email <i>if applicable</i>	Date
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Name (Printed)	Signature	Address	Phone	email <i>if applicable</i>	Date
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Name (Printed)	Signature	Address	Phone	email <i>if applicable</i>	Date
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Name (Printed)	Signature	Address	Phone	email <i>if applicable</i>	Date
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Name (Printed)	Signature	Address	Phone	email <i>if applicable</i>	Date
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Nominating Petition of _____ (name)

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	Name (Printed)	Signature	Address	Phone	email <i>if applicable</i>	Date
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Nominating Petition of _____ (name)

25.	_____	_____	_____	_____	_____	_____
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Nominating Petition of _____ (name)

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Nominating Petition of _____ (name)

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