

**Community Oversight Board
Nomination Form**

Nominee Information

Name of Nominee: _____

Street Address of Nominee: _____

City: _____ State: _____

Phone Number of Nominee: _____

Email Address of Nominee (if available): _____

Nominated By

If nominated by Community Organization, please list:

Name of Nominating Community Organization: _____

Nominating Community Organization Street Address: _____

City: _____ State: _____

Phone Number of Organization: _____

Email of Organization: _____

Name of Representative for Nominating Community Organization: _____

Signature of Representative: _____

If nominated by Petition of 50 residents of Davidson County, please attach completed Nominating Petition, available from the Metropolitan Clerk's Office, and indicate below.

Completed petition attached? Yes: _____ No: _____

If nominated by Member of Council, please list:

Council Member Name: _____

District: _____

Signature of Council Member: _____

**Once completed, this form must be filed with the Metropolitan Clerk by no later than
4:30 p.m. on January 7, 2020, at the address below:**

Metropolitan Clerk's Office
Historic Metropolitan Courthouse
1 Public Square, Suite 205
Nashville, TN 37201
(615) 862-6770

For more information, visit the Community Oversight Board website:
[https://www.nashville.gov/Government/Boards-and-Committees/Committee-Information/
ID/132/Community-Oversight-Board.aspx](https://www.nashville.gov/Government/Boards-and-Committees/Committee-Information/ID/132/Community-Oversight-Board.aspx)