CANDIDATE FILING FORM

Date _____

I, _____, residing at the following address
Please print name as it is to appear on the ballot

_____
House # *Street* *City* *Zip Code*

_____
Mailing address if different from home address

hereby file as a candidate of _____ for the Office
Municipality

of _____ Date of Birth_____

_____ _____
Sign your full legal name *Telephone number (optional)*

_____ _____
E-mail Address (Optional) *Web Page Address (Optional)*

Form must be notarized if it is not completed in the office. Candidate Filing Forms are considered Public Information under the Freedom of Information Act.

For Office Use Only

Date Received_____

Received by _____

Notary Information
Subscribed and sworn to before me on the following date:

_____
Notary Public Signature

_____
Date