



CANDIDATE FILING FORM

Date _____

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

<i>House #</i>	<i>Street</i>	<i>City</i>	<i>Zip Code</i>
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_____ *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**