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