

**Place your Municipal
Seal Here**

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