CANDIDATE FILING FORM

Date ______________________________________

I,__________________________________________________________________________, residing at the following address

Please print name as it is to appear on the ballot

date

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.

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

Notary Public Signature

Date

For Office Use Only

Date Received___________________

Received by_______________________