



## 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**