County/City/School
Drainage/Water

Candidate's Declaration of Intention Filing Form

BALLOT INFORMATION:

1. Name - as it will appear on the ballot:

2. City - as required by state law: _____

3. Election: Spring _____; or Fall _____
(Year) (Year)

4. Office sought: _____

5. District No. _____; or: Ward _____; or: At-Large _____; or: Position No. _____

6. Term: Regular _____; or: Unexpired _____

7. Affiliation (if applicable): Democrat _____ Republican _____ Independent _____

OFFICE INFORMATION:

8. Residential address (street or rural route) _____

9. City _____ 10. County ___JOHNSON_____ 11. Zip Code _____

12. Mailing address (if different) _____

13. Telephone number: Home _____ Work _____ Ext _____

14. Birthdate _____

15. Please indicate your preference for delivery of Candidate Packet: By Web Site _____ By Mail _____
(www.jocoelection.org)

CANDIDATE STATEMENT & SIGNATURE:

I declare that I intend to become a candidate for the above-stated office at the appropriate election.

DATE _____ _____
Signature of Candidate

ATTESTATION:

_____ _____
County Election Officer or City Clerk Deputy County Election Officer

Rev. 10/01