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 _____ (Year) or Fall _____ (Year)

4. Office sought: _____

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

6. Term: Regular ____ or Unexpired _____

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

OFFICE INFORMATION:

8. Residential address (Street or Rural Route) _____

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

12. Mailing address (if different) _____

13. Telephone numbers Public _____ Private _____ Mobile _____

14. Birth date _____

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

CANDIDATE STATEMENT AND 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