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/Township of residence – (as required by state law): _____

3. Election: 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 _____ Mobile _____

14. Birth date _____

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

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 Deputy County Election Officer

Rev. 9/2017