

Candidate Application

Candidate Information

Full name as you are registered to vote: _____

Office (include trustee or district number if applicable): _____

Are you the Incumbent of this office: Yes No Were you appointed mid-term? Yes No

Residence Address*: _____

*Optional for Judicial Candidates, EC 8023(c). However, must be provided to the Elections Official for verification

Mailing Address: _____

Phone: 1st (_____) _____ 2nd (_____) _____

Email: _____

Name to appear on the ballot: _____

Your ballot designation: _____

Filing Process

How would you like to receive your candidate filing documents?

In-Person By Mail By Email



Regardless of which method is used, the Elections Department must receive all documents, with original signatures, by the close of the nomination period. If the candidate fails to ensure the Department is in receipt of these documents, properly executed, by the deadline, they will not be included on the ballot for that office.

I declare under penalty of perjury the above information is true and correct.

Signature: _____ Date: _____

Office use only

Voter ID #: _____ Voter registration #: _____

Precinct #: _____ Registered in district: Yes No Map used: Yes No

Elections official: _____ Date: _____

Providing authorization

If requesting another person to be issued the documents on your behalf, complete and sign the authorization below.

I, _____, candidate for the office of _____
do hereby authorize _____ to be issued my candidate filing
documents on my behalf.

Signature: _____ Date: _____