



# CANDIDATE APPLICATION

Note: This is a public document which can be made available upon receipt of the appropriate request from an individual or organization.

Candidate Information				
Name as you are registered to vote				
Office (include district if applicable)			Are you the Incumbent?	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Residence Address Optional for Judicial Candidates [EC 8023(c)]. However, must be provided to the Elections Official for verification.				
Number	Street	City	State	Zip
Mailing Address				
Number	Street	City	State	Zip
Business Address				
Number	Street	City	State	Zip
Telephone Number				
Day: (     )     )		Evening: (     )     )		
Email				
Fax Number			Will you file a Candidate Statement?	
(     )     )			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name to appear on the ballot				
Ballot Designation				

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

Signature: \_\_\_\_\_

Office Use Only	
Voter Registration Number	Confidential Voter?
	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Registration	If Incumbent
	Appointed <input type="checkbox"/> Elected <input type="checkbox"/>
Voting Precinct Number	Registered Residential Address within District?
	Yes <input type="checkbox"/> No <input type="checkbox"/>
If verified on map	
Date Verified: _____	Verified By: _____