

Nomination by Vacancy Committee

Candidate Acceptance of Designation/Nomination

Office Use Only:

Complete, sign, and return this form. Please type or print legibly.

Office Information

This is an Acceptance of Designation/Nomination for:

Title of Office District

Qualifications for Office (You must list the specific qualifications for this office)

Candidate Information

Name exactly as it will appear on the official ballot

Residence & Mailing Address

Residence Street Address Apt/Unit

City State Zip Code

Mailing Address Apt/Unit

City State Zip Code

Telephone & E-mail Address

Business Phone # Extension

Residence Phone # E-mail Address

Voter Registration Information

Year of Birth County of Registration

Party Affiliation Date of Affiliation

Signature

Applicant's Affirmation

I hereby accept the designation/nomination and affirm that I meet all qualifications for the office prescribed by law. Furthermore, the information provided on this form is, to the best of my knowledge, true and correct.

Signature of Candidate

Date of Signing