



LETTER OF AUTHORIZATION

To obtain and/or file candidate nomination documents

I hereby authorize	to obta	ain and/or file the	following nomin	nation documents on my	
(Print name of auth	orized person)			•	
behalf for the	Election.				
(Date of Election)					
Check the applicable box(s):					
Obtain Nomination Documen	ts	Obtain Decla	aration of Can	didacy	
☐ File Nomination Documents		☐ File Declaration of Candidacy			
File Candidate Statement	·	Petitions In-Lieu of Filing Fee			
			.		
Check one:					
·					
Yes, I authorize the person	written above to make an	iy changes and/d	r corrections to	o my nomination	
documents.					
No, I do not authorize the p	erson above to make any	changes and/or	corrections to	my nomination	
documents.	•			•	
Complete the following:					
Complete the following.					
Current Residence Address:					
Street Address	City	State		Zip Code	
	•			·	
Mailing Address (If different from abo	ve).				
Mailing Address (If different from abo	Street Address or PO Box	City	State	Zip Code	
Telephone Number(s):		and/or			
, , , ,					
Internet Address:		and/or			
	ail Address			Website Address	
I am aware that said documents and the De Elections Office no later than 5:00 p.m. the					
Elections office no later than 5.00 p.m. the	last day of the nonlination pen	10d (E-86), EC 99 602	20(u), 8028(b), 800	 .	
Printed Name	Signature of Candidate		Dat	e	

