

Designating and Independent Petitions

[Place Name of Party or Independent Body Here]

Name of Candidate

Public Office or Party Position

Residence Address

(Also mailing address if different)

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Volume Number _____

Total Number of Volumes in Petition _____

The petition contains the number, or in excess of the number, of valid signatures
Required by the Election Law.

Contact Person to Correct Deficiencies:

Name: _____

—
(please print)

Residence

Address: _____

—
_____ (also mailing address if different)

Phone: _____ Fax: _____
(Include if notice by fax desired)

I hereby authorize that notice of any determination made by the Board of Elections be
transmitted to the person named above:

Candidate or Agent