

AUTHORIZATION TO PICK-UP CANDIDATE FILING DOCUMENTS

GENERAL ELECTION

Election Date: November 3, 2020

Candidate's Name:

As registered to vote: _____

Residence Address: _____

Mailing Address: _____
(If different) _____

Contact Info: _____
Day Phone Number Evening Phone Number

_____ E-Mail

Office Sought:

District Name: _____

Division No./Trustee Area/Seat No.: _____
(If Applicable)

Specify Term: _____ Full Term/4 years _____ Short Term/2 years
(This is not applicable to all districts)

I authorize the following person(s) to act as my representative to obtain the necessary forms for my candidacy to the above-referenced office:

_____ Name Phone Number

_____ Name Phone Number

Filing Dates:

Filing Period..... July 13 thru August 7, 2020
Required for all offices

Write-In Filing Period..... September 8* thru October 20, 2020

I am aware of the filing dates. The forms must be completed and received by the Registrar of Voters no later than 5 p.m. on the deadline date.

(A postmark is not acceptable.)

_____ Date

_____ Candidate's Signature

*Start date falls on a Holiday. The date listed is the next business day.