



LETTER OF AUTHORIZATION

To obtain and/or file candidate nomination documents

I hereby authorize	to obtai	in and/or file the	following nomin	nation documents on my	
(Print name of au	thorized person)				
behalf for the(Date of Election					
Check the applicable box(s): Obtain Nomination Documents File Nomination Documents File Candidate Statement	nts	File Declarat	ration of Candion of Candida Lieu of Filing F	ісу	
documents.	n written above to make any person above to make any o				
Complete the following:					
Current Residence Address:					
Street Address	City	State		Zip Code	
Mailing Address (If different from ab	OVe):Street Address or PO Box	City	State	Zip Code	
Telephone Number(s):		and/or			
Internet Address:		_and/or			
Er	mail Address	ress		Website Address	
I am aware that said documents and the D Elections Office no later than 5:00 p.m. the					
Printed Name	Signature of Candida	Signature of Candidate			

