

Authorization to Pick-up and/or File Candidate Nomination Documents

I, _____, candidate for the office
Candidate's name — please print

of _____ hereby authorize
Office Title

_____ (_____) _____
Agent's name Agent's phone number

to receive and/or file the following nomination documents: *(Please check applicable forms)*

- Declaration of Candidacy
- Candidate Statement agreement
- Ballot Designation Worksheet
- Other: _____ (Specify)

I am aware that candidate filing documents must be properly executed and delivered to the Santa Cruz County Clerk/Elections Department no later than 5 pm on the last day to file such documents.

I request that my name be placed upon the ballot as follows: (Please print)

My residence address is: _____
Street Address

_____ City State Zip

My telephone numbers are: (_____) _____ (_____) _____

Email: _____ Website: _____

Signature of Candidate: _____ Date: _____