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

l,			, candidate for the office
	date's name — please print		
of			hereby authorize
	Office Title		
Agent's name	()	Agent's phone number
to receive and/or file the following no		hack annlicat	
☐ Signature in Lieu of Filing Fee Petition		ческ аррисац	ile joinisj
☐ Declaration of Intention – judicial ca			
•	andidates only		
☐ Declaration of Candidacy			
☐ Candidate Statement agreement			
☐ Ballot Designation Worksheet			
□ Nomination Papers	(0		
☐ Other:	(Specify)		
My residence address is:		 Address	
	Street	/ laul C33	
City	St	ate	Zip
My telephone numbers are: (()
	Home		Cell
Email:	Website:		
If picking up a Declaration of Candidac	ry, we need to know how you w	vant your nan	ne on the ballot: (Please print)
		·	
First Name	Middle Name/Initial (C)ptional)	Last Name
Signature of Candidate:			Date: