## **AUTHORIZATION TO PICK-UP CANDIDATE FILING DOCUMENTS**

## **GENERAL ELECTION**

Election Date: November 5, 2024

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	e 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 property forms for my candidacy to		my representative to obtain the necessal d office:
Name		Phone Number
Name		Phone Number
Filing Dates:		
Filing PeriodRequired for all offices with		. July 15 - August 9, 2024
	<del>-</del>	September 9 - October 22, 2024
I am aware of the filing dat	tes. The forms must	be completed and received by the
Registrar of Voters no late	r than 5 p.m. on the	deadline date.
	(A postmark is <u>not</u>	acceptable.)
Date	_	Candidate's Signature