

AUTHORIZATION FOR CANDIDATE'S REPRESENTATIVE

County Board of Supervisor – District 1
Special Primary Vacancy Election (Short Term)
Election Date: April 8, 2025

Candidate's Name:

As registered to vote: _____

Residence Address:

Mailing Address:

(If different)

Contact Information:

_____ Day Telephone Evening Telephone

_____ E-Mail

Office Sought:

District Name: **Board of Supervisor – District 1, Special Primary Vacancy Election (Short Term)**

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

Filing Dates:

Petitions in Lieu Filing Dates January 15 – January 17, 2025

Declaration of Candidacy Filing Dates..... January 21 – January 28, 2025

Write-in Filing Dates February 10 – March 25, 2025

I am aware of the filing dates. The forms must be completed and received by the Registrar of Voters no later than 5:00 p.m. on January 28, 2025.

(A postmark is not acceptable.)

_____ Date

_____ Candidate's Signature