

# Candidate Acceptance of Designation

Office Use Only:

Complete, sign, and return this form no later than 4 days after adjournment of the assembly.  
Please type or print legibly.

## Office Information

This is an Acceptance of Designation for:

Title of Office  District

Qualifications for Office (You must list the specific qualifications for this office)

  

## Candidate Information

Full Legal Name

Name exactly as it will appear on the official ballot

### Residence & Mailing Address

Residence Street Address  Apt/Unit

City  State  Zip Code

Mailing Address  Apt/Unit

City  State  Zip Code

### Telephone & E-mail Address

Business Phone #  Extension

Residence Phone #  E-mail Address

### Voter Registration Information

Year of Birth  County of Registration

Party Affiliation  Date of Affiliation

## Signature

### Applicant's Affirmation

*I hereby intend to run for the office stated above and affirm that I meet all qualifications for the office prescribed by law. Furthermore, the information provided on this form is, to the best of my knowledge, true and correct.*

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date of Signing