Nomination by Vacancy Committee
Candidate Acceptance of Designation/Nomination

Office Use Only:

Complete, sign, and return this form. Please type or print legibly.

Office Information

This is an Acceptance of Designation/Nomination for:

Title of Office _____ District _____

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

_____

_____

Candidate Information

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 accept the designation/nomination and solemnly 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

[Seal]

STATE OF COLORADO)
) ss.
COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____, 20_____ by _____.
Day Month Year Printed name of Candidate Above

Signature (and Title) of Notary / Official Administering Oath _____

My Commission Expires: _____

Print Form

SOS Revised April 19, 2019
Sections 1-4-1002, 1-4-501 C.R.S.