



CANDIDATE FILING FORM

Date _____

I, _____, owning property at the
Please print name as it is to appear on the ballot within the Town of Slaughter Beach

House # Street City Zip Code

Mailing address if different from Slaughter Beach Address)

hereby file as a candidate of _____ for the Office
Municipality
of _____ Date of Birth _____

Sign your full legal name Telephone number (optional)

Secondary Telephone Number (optional) E-mail Address (Optional)

Form must be witnessed by two people if it is not completed in the office. Candidate Filing Forms are considered Public Information under the Freedom of Information Act.

WITNESS #1

FOR OFFICE USE ONLY

Date
Received _____

Received by _____

Signature

Print Name

WITNESS #2

Signature

Print Name