



CITY OFFICE PETITION FOR CANDIDACY

CANDIDATE FILING PERIOD (I.C. 50-410)		OFFICE INFORMATION	
Opens: August 23, 2021 (8:00 am) Closes: September 3, 2021 (5:00 pm)		Filing for the Office of:	
CANDIDATE WITHDRAWAL DEADLINES (I.C. 34-1405A)		City Name:	
September 17, 2021 (5:00 pm)			

CANDIDATE INFORMATION
Candidate Name (As it will appear on the ballot.)

This petition must be filed in the office of the appropriate city clerk with the Declaration of Candidacy on or before 5:00 p.m. on the last day of filing for the Election at which you are desiring to participate in. The submitted petition must have affixed thereto the names of at least five (5) qualified electors which reside within the city.

SIGNERS STATEMENT			
I, the undersigned, being a qualified elector of the city listed above in the State of Idaho, do hereby certify and declare that I reside at the place set opposite my name, and that I join in the petition of the candidate for the office listed above, to be voted for at the election to be held on the _____ day of _____, 2021, and that each for himself says: I have personally signed this petition; I am a qualified elector of the State of Idaho and my residence address is correctly written after my name.			
Signature of Petitioner	Printed Name	Residence Address	Date Signed
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____

CERTIFICATION	
State of Idaho County of _____	
I, _____, being first duly sworn say: That I am a resident of the State of Idaho and at least eighteen (18) years of age; that every person who signed this sheet of the foregoing petition signed his or her name thereto in my presence; I believe that each has stated his or her name address and residence correctly, that each signer is a qualified elector of the State of Idaho, and a resident of the county of _____.	
Circulator Signature:	Address:

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Signature: _____

Notary Public in and for the State of Idaho, residing at _____

My Commission Expires: _____

