

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 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 _____

STATE OF COLORADO)
) ss.
COUNTY OF _____)

[Seal]

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: _____