## **Marin County Elections Department** CANDIDATE APPLICATION FORM

## This form is required to verify your registration and jurisdiction.

The Elections Department uses this form to verify your information and issue your documents. Once you complete and submit this application your documents and instructions will be sent to you by email. However before any documents are sent to you we need ensure that you meet all qualification requirements.

At your option you may pick up your nomination documents in person. You may return this form in advance by email or fax so that your documents will be ready for you when you come to the Elections Department. If you cannot come in person then you must send an authorized representative.

It's required that the information on this form be made public, but will **not** be shown on our website.

The Nominations Period for all offices will begin July 18 thru Aug. 12, or Aug. 17 if the office is in extension.

Marin County Election's Office contact is PO Box E, San Rafael CA 94913 ★ 415-473-6437 ★ Email: Dan Miller

First Name	Middle Name or Initial	L	ast Name
Residence/Street Address	C	City	
Candidate for: (Office Title, District, Division, and Office Number) and term: 4 years, or 2 years where applicable.			
The Elections Department requires both your <u>email address</u> and <u>phone number</u> to contact you.			
At least <u>ONE</u> of these is required to be made available to the media/public.			
Contact email address:			Select which to release to the media/public
			EMAIL
Contact phone number:			PHONE NUMBER
			<b>Both</b> are made available, if you do not select at least one.
By submitting this application, I am applying to obtain the necessary nomination documents for the office stated on this			

application. I attest that the information I have provided is accurate.

*Note:* Your signature is required on this application when you pick up your documents from the Elections Department.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_