

DECLARATION OF CANDIDACY AND WRITTEN CONSENT TO BE NOMINATED TO FILL THE VACANCY OF THE MAYOR OF THE CITY OF DELPHI IN 2020

INSTRUCTIONS: A declaration of candidacy to be nominated to fill the vacancy of the Mayor of the City of Delphi must be filed by 12:00 p.m. on Thursday, August 13, 2020.

This declaration is filed with the Delphi Clerk-Treasurer.

GENERAL INFORMATION

I, _____ the undersigned,
First Name Middle Name Last Name

certify the following:

- (1) I am a registered voter of Precinct _____ of the Township of Deer Creek of the City of Delphi, County of Carroll, State of Indiana.
- (2) I give my written consent for you to certify my name to the Common Council to be placed as a nominee for the office of Mayor of the City of Delphi.
- (3) I am filing this with the Clerk-Treasurer of the City of Delphi by 12:00 p.m. on Thursday, August 13, 2020.
- (4) I comply with all requirements under the laws of the State of Indiana to be a candidate for this office including, but not limited to, the applicable residency requirement. I am not ineligible to be a candidate due to a criminal conviction that would prohibit me from serving in this office.

CANDIDATE ADDRESS INFORMATION

(5) My complete residence address is:

_____ Delphi, Indiana 46923
Complete Residential Address Required

(6) My mailing address is (if different from residence address):

_____ , Indiana _____
Mailing Address (Write "SAME" if both addresses are identical or leave blank) City ZIP Code

CANDIDATE NAME INFORMATION

(7) I request that my name appear to the Common Council in the following manner:

(Include any Nickname and/or Suffix, Jr. Sr. II III IV)

A candidate may use a nickname only if the nickname is a name by which the candidate is commonly known and does not exceed 20 characters. EXAMPLE: John R. (Jack) Doe. A candidate may not use a title or degree as a designation or a designation that implies a title or degree.

CANDIDATE CERTIFICATION

I certify that the information in this Declaration of Candidacy is true and complete, and that I meet the specific requirements of this office.

Signature Date Signed (MM/DD/YY) Telephone

OPTIONAL INFORMATION: Candidate e-mail address: _____