Candidate Filing Form

Date_________________________________

I, ___________________________________________________________, residing at the following address

Please print name as it is to appear on the ballot

<table>
<thead>
<tr>
<th>House #</th>
<th>Street</th>
<th>City</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Mailing address if different from home address

hereby file as a candidate of ___________________________________________________________ for the office

Municipality

of ________________________________ Date of Birth ________________

________________________________________________ Sign your full legal name

________________________________________________ Telephone Number (optional)

________________________________________________ E-mail Address (optional)

________________________________________________ Web Page Address (optional)

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

For Office Use Only

Date Received _______________________________

Received By ________________________________

Notary Information

Subscribed and sworn to before me on the following date:

_________________________________________ Notary Public Signature

_________________________________________ Date