



TOWN OF LAUREL CANDIDATE FILING FORM

Date _____

I, _____, residing at the
Please type of print your correct and proper name

following address _____
House # Street City Zip Code

Mailing address if different from home address

Hereby file as a candidate for the Office of _____ Ward # _____

Signature

Date

E-Mail Address (Optional)

Telephone number(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.

Notary Information

Subscribed and sworn before me on the following date:

Notary Public Signature

Date

Town Manager

Inspector

For Office Use Only

Please print name as it will appear on ballot

Date Received _____

Received by _____

Date

Date