

Office of the Secretary of State
Elections Division



**NOTICE OF INTENTION FOR WRITE-IN CANDIDACY
(Candidates)**

I _____
Name of Candidate as Registered

hereby give notice that I intend to be a Write-in candidate for the office of:

Name and District (if any) of Office Sought

in the General or Special Election to be held on the ____ day of _____, 20 ____ ;

and I would like my name to appear on the Certified List of Write-In Candidates as:

Name As to Appear on the Certified List if different from name as registered

that I am candidate is eligible to hold such office and that my address is:

Street Number Street Name Apt. #

City State Zip

County District Years in District

and that I am qualified to vote in the said election.

Signature of Candidate

Date