

CERTIFICATE OF CANDIDACY
FOR BURGESS OF WALKERSVILLE

TO THE Board of Supervisors of Elections FOR WALKERSVILLE, MARYLAND

I hereby request that you place my name as hereon designated on the official ballot for the WALKERSVILLE GENERAL ELECTION on September 14, 2015 as a candidate seeking the office of BURGESS.

NAME TO APPEAR ON THE BALLOT _____
(Full Name)

I do certify that:

MY NAME IS _____

a registered voter of Walkersville, DATE OF BIRTH _____

I RESIDE AT _____

WALKERSVILLE, MARYLAND 21793

HOME TELEPHONE _____ BUSINESS TELEPHONE _____

I CERTIFY THAT: i) I HAVE BEEN A LEGAL RESIDENT OF THE TOWN OF WALKERSVILLE FOR FIVE (5) YEARS IMMEDIATELY PRECEDING THE GENERAL ELECTION; ii) I AM AT LEAST THIRTY (30) YEARS OF AGE OR WILL BE AT LEAST THIRTY (30) YEARS OF AGE AS OF THE DATE OF THE GENERAL ELECTION; AND iii) I AM A QUALIFIED VOTER OF THE TOWN OF WALKERSVILLE.

I SOLEMNLY AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THE FOREGOING CERTIFICATE OF CANDIDACY ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

Date of this certificate

Signature of Candidate

Subscribed and sworn before me this _____ day of _____, 2015.

Signature of Notary Public

My commission expires _____

Distribution:
Original - Election Board
Copy - Candidate

THE CANDIDATE MUST COMPLETE AND FILE THIS CERTIFICATE TO THE WALKERSVILLE TOWN HALL BY 4:30 P.M. ON AUGUST 17, 2015.

CERTIFICATE OF CANDIDACY
FOR COMMISSIONER OF WALKERSVILLE

TO THE Board of Supervisors of Elections FOR WALKERSVILLE, MARYLAND

I hereby request that you place my name as hereon designated on the official ballot for the WALKERSVILLE GENERAL ELECTION on September 14, 2015 as a candidate seeking the office of COMMISSIONER.

NAME TO APPEAR ON THE BALLOT _____
(Full Name)

I do certify that:

MY NAME IS _____

a registered voter of Walkersville, DATE OF BIRTH _____

I RESIDE AT _____

WALKERSVILLE, MARYLAND 21793

HOME TELEPHONE _____ BUSINESS TELEPHONE _____

I CERTIFY THAT: i) I HAVE BEEN A LEGAL RESIDENT OF THE TOWN OF WALKERSVILLE FOR THREE (3) YEARS IMMEDIATELY PRECEDING THE GENERAL ELECTION; ii) I AM AT LEAST TWENTY-FIVE (25) YEARS OF AGE OR WILL BE AT LEAST TWENTY-FIVE (25) YEARS OF AGE AS OF THE DATE OF THE GENERAL ELECTION; AND iii) I AM A QUALIFIED VOTER OF THE TOWN OF WALKERSVILLE.

I SOLEMNLY AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THE FOREGOING CERTIFICATE OF CANDIDACY ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

Date of this certificate

Signature of Candidate

Subscribed and sworn before me this _____ day of _____, 2015.

Signature of Notary Public

My commission expires _____

Distribution:
Original - Election Board
Copy - Candidate

THE CANDIDATE MUST COMPLETE AND FILE THIS CERTIFICATE TO THE WALKERSVILLE TOWN HALL BY 4:30 P.M. ON AUGUST 17, 2015.