

Authorization Form to receive Candidate Filing Documents

General Election
November 5, 2024

Candidate's Name: _____

Residence Address: _____

Mailing Address: _____

Contact Information:

Phone Number: _____ Cell Number: _____

Email: _____

Office: _____

District (if applicable): _____

I authorize the following person to act as my representative to obtain the necessary forms

for my candidacy to the above-referenced office: _____

Name of person authorized

Filing Dates:

Declaration of Candidacy and Nomination Period

July 15, 2024 to August 9, 2024

I am aware of the filing dates. The forms must be completed and received by the Amador County Elections Office no later than 4:30 pm on the deadline. Postmarks are not acceptable.

You can sign and return this form by email to elections@amadorgov.org or fax to (209) 223-6467.

Signature of Candidate: _____ Date: _____