APPLICATION FOR NOMINATING PETITION

Secretary of the State
P.O. Box 150470 - 30 Trinity Street
Hartford, CT 06115-0470, Tel. (860) 509-6100

_____
(Date)

Pursuant to §9-453b of the General Statutes, I hereby apply for a nominating petition for the following person as a candidate for the office specified at the special election to be held on May 28, 2015.

PLEASE TYPE OR PRINT CLEARLY

Name	Residence Address (incl. ZIP)	Office (incl. District if applicable)
		MAYOR (To Fill Vacancy)

The party designation of the above candidates on the petition will be:

_____
***(If no party designation, insert *"None"*)**

If a party designation is specified, a reservation of such party designation must be in effect for the office(s) included in this application, unless the designation is the name of a minor party which is qualified for different office(s) on the same ballot as the office(s) included in the application. *DO NOT INSERT REPUBLICAN OR DEMOCRATIC AS THE PARTY DESIGNATION, DOING SO WILL DELAY THE PROCESS OF YOUR APPLICATION.

***To assist you in determining the number of circulators needed, please note that each petition page contains space for 30 or 40 signatures; a particular page may have only *one* circulator; and the total number of signatures required is equal to the lesser of (1) *one percent* of the total *votes cast for the same office* (or, if multiple-opening office, one percent of the total number of names checked as having voted) at the last preceding election, or (2) seven thousand five hundred. This office will determine the exact signature requirement at the time of issuance of the petition. Each applicant is issued one petition page which must be duplicated.**

If address different from above, mail forms to:

_____

_____

[_____] [_____]
Phone # during business hours **Phone # after business hours**

_____
(Applicant)

SO THAT WE MAY PROVIDE YOU WITH EXPEDITIOUS SERVICE, IF YOU WISH TO RECEIVE YOUR PETITIONS IN PERSON, PLEASE CALL TO ARRANGE FOR AN APPOINTMENT (ask for Pearl Williams) AT THE TELEPHONE NUMBER INDICATED ABOVE.

NOTE: **Be sure to enclose page 2, Statement of Consent signed by each candidate; page 3, Town Clerk's Statement, signed by clerk of each candidate's town of residence (multiple copies of page 3 may be attached if necessary); and Application for Reservation of Party Designation if required.**

Nominating petition pages must be submitted to the town clerk of the town of voting residence of the signers or to the Secretary of the State by 4:00 p.m. of April 22, 2015.

If this petition is filed under a party designation, April 24, 2015 at 4 p.m. is the last day that the party designation committee or minor party may file with the Secretary of the State Statements of Endorsement of candidates petitioning under this designation.

Application for Nominating Petition

CANDIDATES' STATEMENT OF CONSENT

Each of the undersigned consents to the placing of his or her name in a nominating petition as a candidate for the office specified, under the party designation, if any, of _____ ,
*(if no party designation, insert "none")

which office is to be contested at the special election to be held on May 28, 2015. Each of us has affixed the date of signing this statement.

Signature	Residence Address (incl. ZIP)	Office (Inc. District No. if applicable)	Date
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Application for Nominating Petition

VERIFICATION OF NAMES OF NOMINATING PETITION CANDIDATES

APPLICANT FILL IN THIS PORTION

CANDIDATES' NAMES **RESIDENCE ADDRESSES (incl. ZIPS)**

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TOWN CLERK FILL IN THIS PORTION

Pursuant to Section 9-453b of the General Statutes, I, the Town Clerk of the town of residence of each of the above candidates hereby certify that I compared the names of the above individuals with their names as they appear on the registry list and I verify and/or correct the same as follows:

Please Print Or Type Names As They Appear On Registry List Even If Same As Above

CANDIDATES' NAMES

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_____	_____	_____
Signature of Town Clerk	**Town**	**Date**

(Candidate/Applicant enclose with pages 1 & 2 of application and return to the Secretary of the State)