SAMPLE COVER SHEET

Designating and Independent Petitions

_____

[Place Name of Party or Independent Body Here]

Name of Candidate	**Public Office or Party Position**	**Residence Address** (also mailing address if different)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Volume Number....._____

Total Number of Volumes in Petition....._____

The petition contains the number, or in excess of the number, of valid signatures required by Election Law.

Contact Person to Correct Deficiencies:

Name: _____
(please type or print)

Residence Address: _____

_____
(also mailing address if different)

Phone: _____ Fax: _____
(include if notice by fax desired)

I hereby authorize that any notice of any determination made by the Board of Elections be transmitted to the person named above.

_____

Candidate or Agent