KENAI PENINSULA BOROUGH

DECLARATION OF CANDIDACY – BOARD OF EDUCATION

This form must be completed in its entirety or candidacy will not be validated. Corrections must be initialed. Completed original must be received by the Clerk's Office no later than **4:30 p.m., August 15, 2011.**

GENERAL INFORMATION (Please print or type)				
1,		, am a qualified vote	er and declare myself to be	a resident and candidate for nomination to
the office of: BOARD OF EDUCATION – DISTRICT				
RESIDENCY INFORMATION				
RESIDENCE INFORMATION				
My current physical residence address is:				
I have been a resident of the Kenai Peninsula Borough since:				
and a resident in the district in which I am seeking office:				
My full mailing address is:				
I request that my name appear on the ballot in the following manner:				
(Last Name) (First Name) (MI) (*Nickname and/or Suffix, if to be printed on ballot)				
* The Borough Clerk may not include on the ballot as part of candidate's name any honorary title or prefix but may include in the candidate's name any nickname or familiar form of a proper name of the candidate. AS 15.15.030(4).				
CERTIFICATION I, the undersigned, certify that the information in this Declaration of Candidacy is true and complete and that I meet the specific residency and citizenship requirements of this office. I further certify that I shall meet the age requirements upon taking the oath of office, if elected. I have not filed another Declaration of Candidacy for the office for which this Declaration is filed. I also acknowledge that should I choose to withdraw my candidacy, my withdrawal must be submitted to the Borough Clerk in writing with my signature before the filing period closes.				
Subscribed and sworn t	to before me this	day of	х	
	to before me this	day of		NDIDATE'S SIGNATURE
	, 20	day of		NDIDATE'S SIGNATURE
	, 20 blic	day of	CAN	NDIDATE'S SIGNATURE WORK PHONE FAX NO.
Signature of Notary Pul	, 20 blic	day of	CAN HOME PHONE	WORK PHONE FAX NO. candidate/voter identification, please
Signature of Notary Pul	, 20 blic	day of	HOME PHONE To assist staff in verifying	WORK PHONE FAX NO. candidate/voter identification, please
Signature of Notary Pul	, 20 blic s:	day of	HOME PHONE To assist staff in verifying provide one or both of the	WORK PHONE FAX NO. candidate/voter identification, please
Signature of Notary Pul	, 20 blic s:	day of	HOME PHONE To assist staff in verifying provide one or both of the Social Security No.	WORK PHONE FAX NO. candidate/voter identification, please
Signature of Notary Pul		day of	HOME PHONE To assist staff in verifying provide one or both of the Social Security No. Voter No. Email: (Optional)	WORK PHONE FAX NO. candidate/voter identification, please
Signature of Notary Pul		[] Included with this	HOME PHONE To assist staff in verifying provide one or both of the Social Security No. Voter No. Email: (Optional)	WORK PHONE FAX NO. candidate/voter identification, please e following:
Signature of Notary Pul		[] Included with this	HOME PHONE To assist staff in verifying provide one or both of the Social Security No. Voter No. Email: (Optional) Declaration OR	WORK PHONE FAX NO. candidate/voter identification, please e following: