

# Declaration of Candidacy

I, the undersigned, affirm that I am a qualified elector of the City of \_\_\_\_\_, State of Idaho, and that I have resided in the city for at least thirty (30) days. I hereby declare myself to be a candidate for the office of \_\_\_\_\_, for a term of \_\_\_\_\_ years, to be voted for at the election to be held on the \_\_\_\_\_ day of November, 2017, and certify that I possess the legal qualifications to fill said office, and that my residence address is \_\_\_\_\_.

\_\_\_\_\_  
Candidate's Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signed \_\_\_\_\_

Notary Public in and for the State of Idaho  
residing at \_\_\_\_\_

My Commission expires \_\_\_\_\_

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## OFFICIAL USE ONLY

### CITY CLERK

Before accepting this Declaration of Candidacy, the City Clerk (or designee) must verify:

This declaration is accompanied by:

- \_\_\_\_\_ The attached Petition of Candidacy signed by at least five qualified city electors with the attached verification from the county clerk,  
OR  
\_\_\_\_\_ A nonrefundable filing fee of \$40.

The City Clerk (or designee) must verify that the person submitting this declaration is a qualified city elector as defined in Idaho Code 50-402(c) and that the residence address provided above matches the address on the individual's voter registration.

This declaration was accepted by \_\_\_\_\_

Name, Title

on \_\_\_\_\_ at \_\_\_\_\_.

Date

Time

After the close of the candidate filing period, a copy of this form must be transmitted immediately to the County Clerk to assist in ballot preparation.

### COUNTY CLERK

Upon receipt of this Declaration of Candidacy, stamp the date and time of receipt on the front of this document. This document is to be used for ballot preparation.

# Petition of Candidacy

State of Idaho  
County of \_\_\_\_\_ ss.  
City of \_\_\_\_\_

PETITION OF CANDIDACY  
OF \_\_\_\_\_  
Name of Candidate  
FOR OFFICE OF \_\_\_\_\_

This petition must be filed in the office of the City Clerk not earlier than 8:00 a.m. on the eleventh Monday nor later than 5:00 p.m. on the ninth Friday immediately preceding election day. The submitted petition must have affixed thereto the names of at least five (5) qualified electors who reside within the appropriate city.

I, the undersigned, being a qualified elector of the City of \_\_\_\_\_, in the State of Idaho, do hereby certify and declare that I reside at the place set opposite my name and that I do hereby join in the petition of \_\_\_\_\_, a candidate for the office of \_\_\_\_\_ to be voted at the election to be held on the \_\_\_\_\_ day of November, 2017.

Signature of Petitioner	Printed Name	Residence Address	Date Signed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

STATE OF IDAHO  
County of \_\_\_\_\_

I, \_\_\_\_\_, being first duly sworn, say: That I am a resident of the State of Idaho and at least eighteen (18) years of age; that every person who signed this sheet of the foregoing petition signed his or her name thereto in my presence; I believe that each has stated his or her name and residence address correctly, and that each signer is a qualified elector of the State of Idaho, and the City of \_\_\_\_\_.

Signed \_\_\_\_\_ Address \_\_\_\_\_  
Signature Collector Address of Signature Collector

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
Signed Notary Public \_\_\_\_\_  
Residing at \_\_\_\_\_  
Commission expires \_\_\_\_\_

(Notary Seal)

# Declaration of Intent for Write-in Candidate

## DECLARATION OF INTENT FOR WRITE-IN CANDIDATE For

\_\_\_\_\_  
Print Name

I, the undersigned, hereby declare my intent to be a write-in candidate for the office of \_\_\_\_\_, for the City of \_\_\_\_\_, for a term of \_\_\_\_\_ years, to be voted on at the election to be held on the \_\_\_\_\_ day of November, 2017, and that my residence address is \_\_\_\_\_.

I further certify that I possess the legal qualifications to hold said office, that I am a qualified elector of the City of \_\_\_\_\_, State of Idaho, and that I have resided in the city for at least thirty (30) days.

Dated: \_\_\_\_\_, \_\_\_\_\_ Signed: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signed: \_\_\_\_\_

Notary Public in and for the State of Idaho

Residing At: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

(Notary Seal)

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## OFFICIAL USE ONLY

### CITY CLERK

Before accepting this Declaration of Intent, the City Clerk (or designee) must verify that the person submitting this declaration is a qualified city elector as defined in Idaho Code 50-402(c) and that the residence address provided above matches the address on the individual's voter registration.

This declaration was accepted by \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_.  
Name, Title Date Time

A copy of this form must be transmitted to the County Clerk as soon as possible after it is filed.

### COUNTY CLERK

Upon receipt of this Declaration of Intent, stamp the date and time of receipt on the front of this document.

# Candidate Withdrawal Forms

## Withdrawal of Declaration of Candidacy

I, \_\_\_\_\_, hereby withdraw my Declaration of Candidacy for the office of \_\_\_\_\_, of the City of \_\_\_\_\_, and authorize the County Clerk to remove my name from the ballot in the manner provided by law.

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**Candidate's Signature**

**Date**

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

Signed: \_\_\_\_\_  
Notary Public in and for the State of Idaho  
Residing At: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_  
(Notary Seal)

## Withdrawal of Declaration of Intent

I, \_\_\_\_\_, hereby withdraw my Declaration of Intent for the office of \_\_\_\_\_, of the City of \_\_\_\_\_, and state that I am no longer a candidate for such office.

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**Candidate Signature**

**Date**

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

Signed: \_\_\_\_\_  
Notary Public in and for the State of Idaho  
Residing At: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_  
(Notary Seal)

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### CITY CLERK

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### COUNTY CLERK

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