



COUNTY OF SACRAMENTO VOTER REGISTRATION AND ELECTIONS

Letter of Authorization

To obtain and/or file candidate nomination documents

I, _____, candidate for the office of _____,
(Print name of candidate) (Print name of office)

hereby authorize _____ to obtain and/or file the following nomination documents
(Print name of authorized person)

on my behalf.

Check the applicable box(s):

- | | |
|--|--|
| <input type="checkbox"/> Obtain Nomination Documents | <input type="checkbox"/> Obtain Declaration of Candidacy |
| <input type="checkbox"/> File Nomination Documents | <input type="checkbox"/> File Declaration of Candidacy |
| <input type="checkbox"/> File Candidates Statement | |

Check one:

- Yes, I authorize the person written above to make any changes and/or corrections to my nomination documents.
- No, I do not authorize the person written above to make any changes and/or corrections to my nomination documents.

Complete the following:

Current residence address: _____
Street Address City State Zip Code

Mailing address (if different from above): _____
Street Address or PO Box City State Zip Code

Telephone Number(s): _____ and/or _____
Daytime Telephone Evening Telephone

Internet Address: _____ and/or _____
Email Address Website Address

I am aware that said documents and the Declaration of Candidacy, if applicable, must be properly executed and filed at the Sacramento County Elections office no later than 5:00 p.m. on the last day of the nomination period (E-88).

Printed Name

Signature of Candidate

Date