

COUNTY OF KINGS ELECTIONS DEPARTMENT

1-800-289-9981 ext. 4401 / 559-852-4401 FAX: (559) 585-8453 Lupe Villa Registrar of Voters 1400 W. Lacey Blvd. Bldg. #7 Hanford, California 93230 Elections@CountyofKings.com

Letter of Authorization

To obtain and/or file candidate nomination documents

Ι,	(Print name of candidate)	, candidate for the offic	ce of			,
	(Print name of candidate)			(Prir	it name of office)	
hereby authori	ize(Print name of authorized po	erson) to c	obtain and/or file	the following no	omination	documents
on my behalf.						
<u>Check the ap</u>	plicable box(s):					
	Obtain Nomination Documents		Obtain Declarat	ion of Candidac	у	
	File Nomination Documents		File Declaration of Candidacy File			
	Candidates Statement					
<u>Check one:</u>						
	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 document					
					·	
<u>Complete the</u>	e following:					
Current reside	ence address:					
	Street Addre	city		State	Zip Code	
Mailing addre	SS (if different from above):					
C		Street Address or PO Box	City		State	Zip Code
Telenhone Nu	mber(s).	91	nd/or			
Telephone Nu	Daytime Telep	hone at	id/01	Evening	Telephone	_
Tutomot Adda			1/			
Internet Addre	ESS: Email Address	an	id/or	Website Addre	255	
	hat said documents and the Dec y Elections Department no later					
Printed Name						
Signature of Candidate			Date			
- J. S.						