LISA CRAMER
ASSISTANT CLERK

STEPHEN AYEASSISTANT RECORDER-REGISTRAR



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PLACER COUNTY ELECTIONS OFFICE

530-886-5650 • Toll Free 800-824-8683 • Fax 530-886-5688 www.placercountyelections.gov • election@placer.ca.gov

Candidate Worksheet Authorization / Request Form

Candidate's Name:	
I hereby request the Nomination Documents for	
	fice Sought (including district, ward, trustee area, if applicable)
Please provide the following information so the Elections Office may verify eligibility for the office being sought. Checkmark the boxes for the contact information you would like us to release to the public. Candidates must release at least one address (except for judges and those with confidential status) to the public.	
Residence Street Address	
Mailing Address	
Optional:	
Business Telephone Number	
<u> </u>	
In the event I am unable, I authorize	·
Nomination Documents on my behalf.	d Last Name
I understand to be a qualified candidate for the office I am nomination documents <i>must</i> be properly executed and file Office no later than 5:00 PM on July 16, 2021. If I fail to tir <i>signatures</i> by the deadline, I understand I will <i>not</i> be incl	ed with original signatures to the Placer County Elections nely submit the candidate documents with original
of Candidacy properly notarized by a California Public No	urther understand that I must have the completed Declaration tary and received in the Placer County Elections Office by the iness hours, 8:00 AM - 5:00 PM at 2956 Richardson Drive,
Candidate's Signature:	Date: