

Candidate Registration Form
COUNCIL MEMBER
Special Ward 5 Election - 2015
City of Hyattsville
Certification of Nomination

To: Board of Supervisors of Elections for the City of Hyattsville, Maryland

Name of Candidate (Please Print): _____

Address: _____

City Ward Number: _____

Phone Number(s): _____

Email Address: _____

I, _____, being now or upon the day of election, a citizen of the United States, at least 18 years of age, a resident of the State of Maryland as well as a resident of the ward located in the City of Hyattsville for which I seek office and a registered voter in the City of Hyattsville, hereby request that my name be placed on the ballot as a **CANDIDATE FOR COUNCIL MEMBER FOR WARD #5 IN THE HYATTSVILLE 2015 SPECIAL WARD 5 CITY ELECTION TO BE HELD ON SATURDAY, SEPTEMBER 12, 2015.**

Signature of Candidate

Candidate's Name (Print)

Month / Date / Year

Registrar