

City of Seldovia

DECLARATION OF CANDIDACY

I, _____, declare that I reside at _____, in the City of Seldovia, Alaska; that I am a resident of the State of Alaska; that I am a citizen of the United States of America; and that I am a qualified voter of the City of Seldovia, Alaska.

I declare myself a candidate for the office of Mayor or Council Member (cross out the one that does not apply) for a term of _____ years commencing October, 2019 and ending October of 2022; that I accept the nomination and will serve if elected; and request that my name be printed upon the official ballot for the City election to be held in the City of Seldovia, Alaska, on October 1, 2019.

Notary Signature
Stamp:

Signature of Candidate

My Commission Expires: _____