Candidate Registration Form
Town Council

Election Date: _____

Candidate's Name: _____

Physical Address: _____

_____

Contact Number: _____

I certify that:

I am 21 years of age. For the past 15 years I have not been convicted of a felony. I am a bona fide domiciliary of the Town of Clayton.

I hereby file my name as a candidate for the Clayton Town Council in the election to be held on _____.

By signing this form, I certify that I reside within the **incorporated** limits of the Town of Clayton and am eligible to run for office within the municipality.

_____
Print Name

_____ _____
Candidate's Signature Date

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