



COUNTY OF SACRAMENTO VOTER REGISTRATION AND ELECTIONS Letter of Authorization

To obtain and/or file candidate nomination documents

I, _____, candidate for the office of _____,
(Print name of candidate) (Print name of office)

hereby authorize _____ to obtain and/or file the following nomination documents
(Print name of authorized person)

on my behalf.

Check the applicable box(s):

- | | |
|--|--|
| <input type="checkbox"/> Obtain Nomination Documents | <input type="checkbox"/> Obtain Declaration of Candidacy |
| <input type="checkbox"/> File Nomination Documents | <input type="checkbox"/> File Declaration of Candidacy |

Check one:

- 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 documents.

Complete the following:

Current Residence Address: _____
Street Address City State Zip Code

Mailing Address (if different from above): _____
Street Address or PO Box City State Zip Code

Telephone Number(s): _____ and/or _____
Daytime Telephone Evening Telephone

Internet Address: _____ and/or _____
Email Address Website Address

I am aware that said documents and the Declaration of Candidacy, if applicable, must be properly executed and filed at the Sacramento County Elections office no later than the last day of the nomination period.

Printed Name

Signature of Candidate

Date