



# Declaration of Intent for Write-in Candidates

DECLARATION OF INTENT FOR WRITE-IN CANDIDATE

For

\_\_\_\_\_  
Print Candidate's Legal Name

I, the undersigned, hereby declare my intent to be a write-in candidate for the office of City Councilperson, for the City of Twin Falls, for a term of four (4) years, to be voted on at the election to be held on the 5<sup>th</sup> day of November, 2019, and that my residence address is:

\_\_\_\_\_

I further certify that I possess the legal qualifications to hold said office, that I am a qualified elector of the City of Twin Falls, State of Idaho, and that I have resided in the city for at least thirty (30) days.

Dated: \_\_\_\_\_, 2019

Signed: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2019.

Signed: \_\_\_\_\_

Notary Public in and for the State of Idaho

Residing at: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

(Notary Seal)

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## OFFICIAL USE ONLY

CITY CLERK

Before accepting this Declaration of Intent, the City Clerk (or designee) must verify that the person submitting this declaration is a qualified city elector as defined in Idaho Code 50-402(c) and that the residence address provided above matches the address on the individual's voter registration.

This declaration was accepted by \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_

A copy of this form must be transmitted to the County Clerk as soon as possible after it is filed.

COUNTY CLERK

Upon receipt of this Declaration of Intent, stamp the date and time of receipt on the front of this document.