

CANDIDATE PETITION



All information on this form becomes a public record upon receipt by the City.

It is a crime to use a name other than your own when filling out this petition or to knowingly sign more than one petition for a candidate. Fla. Stat. § 104.185.

If all information required below is not completed, the petition will not be valid.

I, _____ the undersigned, a qualified elector in the City of
(print name as it appears on your voter information card)

Boca Raton, Florida, petition to have the name of

placed on the ballot of the March 14, 2023 Municipal Election as a nonpartisan candidate for the office of

(insert title of office and include seat, if applicable)

Date of Birth or Voter Registration Number (MM/DD/YY)		Residential Address	
City	County	State	Zip Code
Signature of Voter		Date Signed (MM/DD/YY) [to be completed by voter]	



STATE OF FLORIDA

COUNTY OF PALM BEACH

AFFIDAVIT OF CIRCULATOR

I, _____, hereby swear or affirm that: (1) I have personally circulated the attached _____ [number] petition(s); (2) that the signatures were affixed in my presence; (3) that I believe them to be the genuine signatures of the persons whose names they purport to be; (4) and that each signator had an opportunity before signing to read the petition supporting the candidate's qualification.

(Signature of Circulator/Affiant)

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this _____ day of _____, by _____.

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____