

# AFFIDAVIT OF INTENT FOR WRITE-IN DESIGNATION

Office Use Only:

Complete and sign. Please type or print legibly.

## Office Information

This is to certify that I declare the intent to be a write-in candidate for the office listed below:

Title of Office Director Crystal Park Metropolitan District

**Qualifications for Office \*(You must list the specific qualifications for this office)**

## Candidate Information

Full Legal Name \_\_\_\_\_

Name exactly as it will appear on the write-in list \_\_\_\_\_

## Residence & Mailing Address

Residence Street Address \_\_\_\_\_ Apt/Unit \_\_\_\_\_

City \_\_\_\_\_ State CO Zip Code \_\_\_\_\_

Mailing Street Address \_\_\_\_\_ Apt/Unit \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Telephone & E-mail Address

Business Phone # \_\_\_\_\_ Extension \_\_\_\_\_

Residence Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

## Voter Registration Information

Year of Birth \_\_\_\_\_ County of Voter Registration \_\_\_\_\_

Resident in Crystal Park since (xx/xx/xxxx) \_\_\_\_\_

## Signature

**Applicant's Affirmation** *I hereby intend to run for the office stated above and solemnly affirm under penalty of perjury that I meet all qualifications for the office prescribed by law. Furthermore, I certify that the information provided on this form is, to the best of my knowledge, true and correct.*

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date of Signing

Please Return to Derek Strickler, 864 Oak Ridge Road in Crystal Park by 5:00 PM March 5, 2018