



# SIGNATURES-IN-LIEU PETITION APPLICATION

Note: This is a public document which can be made available upon receipt of the appropriate request from an individual or organization.

Candidate Information				
Name as it is to appear on In Lieu Petition				
Office (include district if applicable)				
Are you the Incumbent?				
Yes		<input type="checkbox"/>	No <input type="checkbox"/>	
Party Preference (For Voter-Nominated Offices)				
Residence Address				
Optional for Judicial Candidates [EC 8023(c)]. However, must be provided to the Elections Official for verification.				
Number	Street	City	State	Zip
Mailing Address				
Number	Street	City	State	Zip
Business Address				
Number	Street	City	State	Zip
Phone				
Day: (    )		Evening: (    )		
Your Authorized Representative (Optional)				
Name				
Address				
Number	Street	City	State	Zip
Telephone				
Day: (    )		Evening: (    )		
Nomination Signatures				
In-Lieu Signatures shall be used to satisfy Nomination Signatures				

Office Use Only	
Voter Registration Number	
Confidential Voter?	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Registered Residential Address within District	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>