



COUNTY OF TULARE

Registrar of Voters

Candidate 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 you are registered to vote			
My name is _____ First Middle/Initial (Optional) Last			
Name to appear on ballot			
Office Name	Seat Number	Term	Are you the incumbent?
		<input type="checkbox"/> Full <input type="checkbox"/> Short	<input type="checkbox"/> Yes <input type="checkbox"/> No
Residence Address			
Street:		City, State, Zip:	
Optional Information			
Mailing Address			
Street:		City, State, Zip:	
Business Address			
Street:		City, State, Zip:	
Phone Numbers			
Home:		Campaign:	
Mobile:		Fax Number:	
Social Media			
Website:		Email:	
Facebook:		Do you wish to be added to the email distribution list?	
Twitter:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
I declare under penalty of perjury that the information on this form is true and correct.			
Signature: _____			
Official Use Only			
Date of Registration		If Incumbent	
		<input type="checkbox"/> Appointed <input type="checkbox"/> Elected	
If verified on map			
Date Verified: _____		Verified By: _____	