

COVER SHEET

DESIGNATING AND INDEPENDENT PETITION

NAME OF INDEPENDENT BODY OR PARTY _____

Name of Candidate	Public Office or Party Position	Residence <small>(Also mailing address if different)</small>
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VOLUME NUMBER _____

TOTAL NUMBER OF VOLUMES IN PETITION _____

The petition contains the number, or in excess of the number, of valid signatures, required by Election Law.

Contact Person to Correct Deficiencies

Name: _____
PLEASE PRINT

Residence Address _____
Also mailing address if different

Phone _____ **FAX** _____
(Include if notice by FAX desired)

I hereby authorize that notice of any determination made by the Board of Elections be transmitted to the person named above.

(Candidate or Agent)