

CANDIDATE APPLICATION

Name: _____

Address: _____

Full Time resident of Bellaire Shore

Since: _____

Home/Cell Phone: _____ Work Phone: _____

Voter I.D. Number: _____ Date of Birth: _____

Employment: _____

Marital Status: _____ Spouse's Name: _____

Children (names): _____

DATE: _____

Signature

RESIDENCY REQUIREMENTS

TO QUALIFY FOR OFFICE IN THE TOWN OF BELLEAIR SHORE YOU MUST BE A FULL TIME RESIDENT WITHIN THE TOWN OF BELLEAIR SHORE FOR ONE YEAR IMMEDIATELY PRIOR TO THE DATE OF THE ELECTION.