

CITY OF DEKALB
REQUEST TO RECEIVE FILED NOMINATION PETITION DOCUMENTS
FOR CANDIDATES OF THE _____ CONSOLIDATED ELECTION

Date of Request: _____

Requestor's Name: _____

Requestor's Contact Information:

Mailing Address: _____

Phone No.: _____

Email Address: _____

**I hereby request to receive copies of the filed candidacy documents for the following
_____ Consolidated Election candidate(s):**

Candidate's Name: _____ **Office Filed For:** _____

Candidate's Name: _____ **Office Filed For:** _____

Candidate's Name: _____ **Office Filed For:** _____

Candidate's Name: _____ **Office Filed For:** _____

Candidate's Name: _____ **Office Filed For:** _____

Candidate's Name: _____ **Office Filed For:** _____

Format Requested:

_____ Scanned Copies _____ Paper Copies

Fulfilled by Local Election Official on: _____