



Lakewood

City Clerk's Office
Lakewood Civic Center
480 S. Allison Parkway
Lakewood, CO 80226-3127
Phone: 303-987-7080
Fax: 303-987-7088
TDD: 303-987-7057

CANDIDATE AFFIDAVIT

This affidavit certifies that I, _____, am a candidate
(Name)

for the _____ election, for the office of _____,
(Year) (Mayor/Council)

Ward _____ (if applicable).
(Ward)

Physical Address of Candidate: _____
(Street/City/St/Zip)

Mailing address: _____

Business Phone: _____ Residence Phone: _____

Fax: _____ Web Address: _____

E-Mail Address: _____

I certify that I have read and understand that campaign finance activities are governed by Chapter 2.54 Campaign and Political Finance in Municipal Elections of the Lakewood Municipal Code and the Lakewood City Clerk Rules and Regulations regarding campaign finance.

By submitting this form, you are certifying the above information to be true and correct, to the best of your knowledge.

Print Candidate Name: _____

Candidate's Signature: _____ Date: _____