

*THE TOP HALF OF THIS FORM MUST BE COMPLETED BY THE CANDIDATE
BEFORE CIRCULATING FOR SIGNATURES*

Official Nomination Petition for the City of Louisville, Colorado, which operates under the Colorado Municipal Election Code.

To: Meredyth Muth, City Clerk

I, _____, who resides at
full name of candidate

_____ in the City of Louisville, Colorado,
street address

hereby petition to be a candidate for the office of **City Council, Ward 1** to be voted upon at the Regular Municipal Election to be held on the 5th day of November, 2024.

SIGNATURE OF PETITIONERS

Printed Name	Signature	Address: Number & Street Louisville, Boulder County, CO	Date
1.			
2.			
3.			
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13.			
14.			
15.			

Printed Name	Signature	Address Number, Street, Louisville, Boulder County, CO	Date
16.			
17.			
18.			
19.			
20.			
21,			
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25.			
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30.			

AFFIDAVIT OF CIRCULATOR

I, _____, hereby certify that I circulated this petition
full name of circulator

and that each signature is the signature of the person whose name it purports to be and that each signer has stated that he or she is a registered elector in the City of Louisville, Colorado and the Ward to which this petition refers.

Signature of Circulator

Date

STATE OF COLORADO)
)
COUNTY OF BOULDER)
)

Subscribed and sworn to before me this _____ day of _____, 2024.

(SEAL)

Notary Public

My commission expires _____

CANDIDATE MUST COMPLETE BEFORE ACCEPTING NOMINATION

I, _____ will have attained the age of eighteen-years or older, I am a citizen of the United States, a resident of Colorado and Louisville Election Ward I for at least twelve (12) consecutive months immediately preceding the date of the election.

ACCEPTANCE OF NOMINATION

I, _____ hereby accept the nomination tendered me by the foregoing petitioners for the office of City Council, Ward I.

Signature of Candidate

Date

Mailing Address

Email Address

Cell Phone Number

STATE OF COLORADO)
)
COUNTY OF BOULDER)
)

Subscribed and sworn to before me this _____ day of _____, 2024.

(SEAL)

Notary Public

My commission expires _____