

## CHATSWORTH NEIGHBORHOOD COUNCIL SELECTION CANDIDATE FILING FORM – 2014

**ATTENTION:** All candidates appearing on the ballot must complete and submit this form by the end of the day on **February 15, 2014**. Any forms received, or postmarked after this date will not be processed. There are no write-in candidates. Candidates must provide documentation and any other applicable identification ( by email or in person ) to establish their **Stakeholder Status** by this deadline, otherwise their filing will not be complete. For more information regarding this form and acceptable forms of documentation, contact [election@chatsworthcouncil.org](mailto:election@chatsworthcouncil.org).

### CANDIDATE INFORMATION:

First Name:	Last Name:	Middle Name:
Mailing Address:	City:	ZIP:
Email Address:	Phone Number:	

Name as it will appear on ballot: \_\_\_\_\_

### STAKEHOLDER STATUS:

I am a Stakeholder in the Chatsworth Neighborhood Council:

I OWN PROPERTY WITHIN THE CHATSWORTH NEIGHBORHOOD COUNCIL BOUNDARIES AT:

Property Address \_\_\_\_\_ ZIP \_\_\_\_\_

I AM A RESIDENT WITHIN THE CHATSWORTH NEIGHBORHOOD COUNCIL BOUNDARIES AT:

See Mailing Address Above

Street Address: \_\_\_\_\_ ZIP \_\_\_\_\_

I OWN A BUSINESS OR WORK WITHIN THE CHATSWORTH NEIGHBORHOOD COUNCIL BOUNDARIES AT:

Name of Business or place of work \_\_\_\_\_

Business Address: \_\_\_\_\_ ZIP \_\_\_\_\_

I BOARD ONE OR MORE HORSES WITHIN THE CHATSWORTH NEIGHBORHOOD COUNCIL BOUNDARIES AT:

Property Address \_\_\_\_\_ ZIP \_\_\_\_\_

I AM A COMMUNITY-INTEREST STAKEHOLDER AND HAVE A SUBSTANTIAL AND ONGOING PARTICIPATION WITHIN THE CHATSWORTH NEIGHBORHOOD COUNCIL BOUNDARIES.

DESCRIBE: \_\_\_\_\_

\_\_\_\_\_

**I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:**

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**MAIL TO:** Chatsworth Neighborhood Council Selection Committee  
P.O. Box 3395, Chatsworth, CA 91313-3395

**OR**

**SUBMIT TO ELECTION COMMITTEE IN PERSON** at a Council or Committee Meeting

VERIFICATION: To be used by Selection Committee only:

Credentials accepted and verified:  Incomplete  Contacted submitter/ Date: \_\_\_\_\_

Name of verifier: \_\_\_\_\_

Date: \_\_\_\_\_