## 2017 CHATSWORTH NEIGHBORHOOD COUNCIL SELECTION CANDIDATE FILING FORM

ATTENTION: All candidates appearing on the ballot must complete and submit this form by 5 p.m., Thursday, February 16, 2017. Any forms received, postmarked, faxed or emailed <u>after</u> that date or time will NOT be processed. There are
no write-in candidates. Candidates must provide documentation and applicable identification (by postal mail, email
fax or in person) to establish their stakeholder status by this deadline otherwise their filing will NOT be complete
Every candidate must provide an acceptable photo ID such as a current driver license. For more information regarding
this form and acceptable documentation see reverse side or contact vote@ChatsworthCouncil.org or (818) 839-2CNC

CANDIDATE INFORMATION (PRINT CLEARLY)			
First Name	Middle Name	Last Name	
Date of Birth/Must be at least 18		Phone Number	
Mailing Address		ZIP	
Email Address/Must print clearly			
Name to appear on ballot/Must print of	clearly. No professional designations allo	wed, eg: PhD, MSW, Esq., Rev., Dr.	
PARTICIPANT CATEGORY			
I am a stakeholder in the Chatsworth Neighborhood Council because:			
□ I am a resident within the boundar Street Address/No P.O. Box accepted	ies of the Chatsworth Neighborhood ( Zip:	Council and live at:	
- I own property within the boundari	•	 `ouncil at:	
I own property within the boundaries of the Chatsworth Neighborhood Council at: Property Street Address or Assessor's Parcel Number/No P.O. Box accepted Zip:			
I own a business or work within th Name of Business or Place of Work	e boundaries of the Chatsworth Neigh	borhood Council at:	
Business Street Address/No P.O. Box	accepted		
Zip:			
□ I board one or more horses within Street Address/No P.O. Box accepted	the boundaries of the Chatsworth Nei	ghborhood Council at:	
	Zip:		
participation within the Neighborhoo such as, but not limited to, education	lder, defined as a person who affirms od Council's boundaries and who may nal, non-profit and/or religious organiz	be in a community organization	
Name of Organization			
Street Address/No P.O. Box accepted			
	Zip:		
submits (1) *photo ID such as a current above, (3) a passport-type head and sho	plication will NOT be complete until candi driver license, (2) *documentation support ulders mugshot as well as (4) a biographic Have questions? Email us or call (818) 83	ing the one participant category checked cal campaign statement of up to 150	
I DECLARE UNDER PENALTY OF PE	RJURY THAT THE ABOVE STATEME	NTS ARE TRUE AND CORRECT:	
Signature	Date		

P.O. Box 3395, Chatsworth, CA 91313 / Vote@ChatsworthCouncil.org / Fax (818) 464-3585 / ChatsworthCouncil.org