

# 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., Wednesday, August 2, 2017 OR BRING IT TO THE AUGUST 2, 2017 MEETING. Any forms received, postmarked, faxed or emailed after 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 info regarding this form and acceptable documentation Contact [vote@ChatsworthCouncil.org](mailto:vote@ChatsworthCouncil.org) or (818) 839-2CNC.

## CANDIDATE INFORMATION (PRINT CLEARLY)

<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>
<b>Date of Birth/Must be at least 18</b>		<b>Phone Number</b>
<b>Mailing Address</b>		<b>ZIP</b>
<b>Email Address/Must print clearly</b>		
<b>Name to appear on ballot/Must print clearly. No professional designations allowed, eg: PhD, MSW, Esq., Rev., Dr.</b>		

## PARTICIPANT CATEGORY

I am a stakeholder in the Chatsworth Neighborhood Council because:

**I am a resident within the boundaries of the Chatsworth Neighborhood Council and live at:**

Street Address/No P.O. Box accepted

Zip: \_\_\_\_\_

**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 the boundaries of the Chatsworth Neighborhood Council at:**

Name of Business or Place of Work

Business Street Address/No P.O. Box accepted

Zip: \_\_\_\_\_

**I board one or more horses within the boundaries of the Chatsworth Neighborhood Council at:**

Street Address/No P.O. Box accepted

Zip: \_\_\_\_\_

**I am a community interest stakeholder, defined as a person who affirms a substantial and ongoing participation within the Neighborhood Council's boundaries and who may be in a community organization such as, but not limited to, educational, non-profit and/or religious organizations.**

Name of

Organization \_\_\_\_\_

Street Address/No P.O. Box accepted

Zip: \_\_\_\_\_

**MUST READ BEFORE SIGNING:** This application will NOT be complete until candidate provides for inspection\* and/or submits (1) \*photo ID such as a current driver license, (2) \*documentation supporting the one participant category checked above, (3) a passport-type head and shoulders mugshot as well as (4) a biographical campaign statement of up to 150 words to [vote@ChatsworthCouncil.org](mailto:vote@ChatsworthCouncil.org). Have questions? Email us or call (818) 839-2CNC.

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

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