

# 2020 CHATSWORTH NEIGHBORHOOD COUNCIL SELECTION

## CANDIDATE FILING FORM

All candidates appearing on the ballot must complete and submit this form by 11:59 p.m., Thursday, February 20, 2020. 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 valid driver license. For more information regarding this form and acceptable documentation visit website or contact [vote@ChatsworthCouncil.org](mailto:vote@ChatsworthCouncil.org) or (818) 564-6819.

### CANDIDATE INFORMATION (PRINT CLEARLY)

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

### 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 Chatsworth 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-style head and shoulders mugshot as well as (4) a biographical campaign statement of up to 250 words to [vote@ChatsworthCouncil.org](mailto:vote@ChatsworthCouncil.org). Have questions? Email us or call (818) 564-6819.

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

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