

Village Independent Nominating Petition Sec. 15-108, Election Law

I, the undersigned, do hereby state that I am a registered voter of the Village of _____, that my present place of residence is truly stated opposite my signature, and that I do hereby nominate the following person (or persons) as a candidate (or candidates) for election to public office (or public offices) to be voted for at the election to be held on the _____ day of _____, 20____, and that I select the name (fill in name) _____ as the name of the Independent body making the nomination (or nominations) and (fill in emblem) _____ as the emblem of such body.

| Name(s) of Candidate(s) | Public Office <small>(include district number, if applicable)</small> | Term | Residence Address |
|-------------------------|--|------|-------------------|
| | | | |

I do hereby appoint (here insert the names and addresses of at least three persons, all of whom shall be registered voters within such political unit): as a committee to fill vacancies in accordance with the provisions of the election law.

In witness whereof, I have hereunto set my hand, the day and year placed opposite my signature.

| DATE | Name of Signer <small>(Signature required. Printed name may be added)</small> | Residence |
|------------|--|-----------|
| 1. | | |
| Print Name | | |
| 2. | | |
| Print Name | | |
| 3. | | |
| Print Name | | |
| 4. | | |
| Print Name | | |
| 5. | | |
| Print Name | | |
| 6. | | |
| Print Name | | |
| 7. | | |
| Print Name | | |
| 8. | | |
| Print Name | | |
| 9. | | |
| Print Name | | |
| 10. | | |
| Print Name | | |

Complete the following

STATEMENT OF WITNESS

I, (name of witness) _____ state, I am a duly qualified voter in the State of New York.

I now reside at (residence address) _____.

Each of the individuals whose names are subscribed to this petition sheet containing (fill in number) _____ signatures, subscribed his or her name in my presence on the dates above indicated and identified himself or herself to be the individual who signed this sheet.

I understand that this statement will be accepted for all purposes as the equivalent of an affidavit and, if it contains a material false statement, shall subject me to the same penalties as if I had been duly sworn.

Dated _____ 20____

Signature of Witness _____