Sample Cover Sheet

Designating and Independent Petitions

[Place Name of Party or Independent Body Here]

		Residence Address	Dublic Office or Porty Position			
Name of Candidate			Public Office or Party Position			
		(Also mailing address if different)	(Include district number where appropriate)			
Volume Nun						
Total Numbe	er of Volumes in P	etition				
The petition	contains the numbe	r. or in excess of the number. of va	alid signatures required by Election Law.			
·			,			
Contact Per	son to Correct Def	iciencies:				
Name						
D	(Please print)					
Residence						
Address	(Also mailing addres	ss if different)				
	(Also maning add. 5.	(Also maining dudress if different)				
Phone		Eav				
Phone Fax (Include if notice by fax desired)						
		(,	netade if notice by jux desiredy			
Email						
	(Include if notice by email desired)					
I haraby auth	porize that any notic	of any determination made by th	ne Board of Elections be transmitted to the person			
•	•	·	inations shall be sent by email only. I understand			
		tice, notifications will be sent by n				
	roviding an email no	tice, notifications will be sent by h	man which will delay nothication.			
Ontional	For candidates for	r statewide office Member of /	Assembly or State Senator only			
-	-	==				
	_	•	on the state board of elections website			
pursuant	to Election Law § 4	-123 for the candidate listed op	oposite:			
Name of	Candidate	Website A	Address			
Name of	Candidate	website	Address			
Signature of	of Candidate or Ag	ent				
5		•				

Sample Cover Sheet

Designating and Independent Petitions Filed In New York City and Counties Which Utilize Petition Identification Numbering Systems

[Place Name of Party or Independent Body Here]

	B 6 6		D. H. Office as Death Death as				
Name of Candidate	Residence Addres		Public Office or Party Position				
	(Also mailing address	if aifferent)	(Include district number where appropriate)				
Total Number of Volumes in Pe	tition						
Identification Numbers							
The petition contains the number,	, or in excess of the nu	ımber, of valid signa	atures required by Election Law.				
Contact Person to Correct Defi	ciencies:						
Name							
(Please print)							
Residence	sidence						
Address	15, 1155						
(Also mailing address	s if different)						
Dhana		Fav					
Phone	e Fax (Include if notice by fax desired)						
		(include ij	notice by jux desired				
Email							
(Include if notice by e	email desired)						
I hereby authorize that any notice	of any determination	made by the Board	of Elections be transmitted to the				
	•	•	nations shall be sent by email only. I				
understand that by not providing	an email notice, notifi	cations will be sent	by mail which will delay notification.				
Optional: For candidates for statewide office, Member of Assembly or State Senator only							
The following website address is submitted to be published on the state board of elections website							
pursuant to Election Law § 4-123 for the candidate listed opposite:							
Name of Candidate		Website Address	5				
Circustoms of Condidate and Arout							
Signature of Candidate or Agent							