DECLARATION OF CANDIDACY

STATE OF UTAH )

COUNTY OF UTAH )

I, ____________________________________________________________,
(Please print name EXACTLY as it is to appear on the ballot)

declare my intention of becoming a candidate for the office of:

______ Mayor (four-year term)
______ Council Member (four-year term)

I do solemnly swear that:

• I will meet the qualifications to hold the office, both legally and constitutionally, if selected.
• I reside at _______________________________, in the City of Springville, County of Utah, State of Utah,
  Zip Code 84663
  Phone No. ____________ The mailing address that I designate for receiving official election notices is:
  ________________________________________________

• I will not knowingly violate any law governing campaigns and elections.
• I will file all campaign financial disclosure reports as required by law.
• I understand that failure to do so will result in my disqualification as a candidate for this office and
  removal of my name from the ballot.

_________________________________________________________________

Signature of Candidate

(Seal)

Subscribed and sworn to (or affirmed) before me on this ______ day of ________________, 2017.

(Signed) _________________________________________________________

Recorder/Clerk or other Officer Qualified to Administer Oath

I give permission to Springville City to release my phone number and address as they appear on the filed
Declaration of Candidacy to the public for the purpose of the municipal election of 2017.

_________________________________________________________________

Signature of Candidate

NOTE: The constitutional and statutory qualification requirements for municipal office are:
1. The person is a registered voter in the municipality.
2. The person will be at least 18 years old at the time of the next election.
3. The person has been a legal resident of the municipality or a resident of a recently annexed area for 12
   consecutive months immediately preceding the date of the election.
4. Any mentally incompetent person, any person convicted of a felony, or any person convicted of treason
   or a crime against the elective franchise may not hold office in this state until the right to vote or hold
   elective office is restored as provided by statute (see UCA 20A-2-101.5).

PUBLIC CONTACT INFORMATION:
Cell Phone Number: ________________________________
Email Address: ______________________________________
Web Page Address: _________________________________

Filing Fee of $10.00 Paid