

***PLEASE INDICATE BELOW THE WAY YOU WANT YOUR NAME TO APPEAR ON THE BALLOT. NO DEGREE OR TITLE IS PERMITTED. PLEASE PRINT LEGIBLY.**

AFFIDAVIT OF CIRCULATOR

I, _____ (full name of circulator), hereby certify that I circulated this Petition and that each signature is the signature of the person whose name it purports to be and that each signer has stated that he/she is a registered elector of the Town of Deer Trail for which this nomination is made.

Signature of Circulator

Date: _____, 2010

STATE OF COLORADO

COUNTY OF ARAPAHOE

Subscribed and sworn to before me this _____ day of _____, 2010.

(SEAL)

Notary Public

My Commission Expires: _____

ACCEPTANCE OF NOMINATION

I, _____, hereby accept the nomination tendered me by the foregoing petitioners for the office of Mayor and hereby certify that I satisfy the qualifications to run for Deer Trail municipal office, that I am a U.S. citizen, at least eighteen (18) years of age, a resident of the Town of Deer Trail for twelve (12) consecutive months preceding the date of the election, and a registered elector.

Signature of Candidate

Mailing Address: _____

Residence Address: _____

Date: _____, 2010

STATE OF COLORADO

COUNTY OF ARAPAHOE

Subscribed and sworn to before me this _____ day of _____, 2010.

(SEAL)

Notary Public

My Commission Expires: _____
