

**Designating and Independent Petitions**

*[ Place Name of Party or Independent Body Here ]*

<b>Name of Candidate</b>	<b>Public Office or Party Position</b>	<b>Residence Address</b> (Also mailing address if different)
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**Volume Number** ..... \_\_\_\_\_

**Total Number of Volumes in Petition** ..... \_\_\_\_\_

**The petition contains the number, or in excess of the number, of valid signatures required by the Election Law.**

**Contact Person to Correct Deficiencies:**

**Name:** \_\_\_\_\_  
(please print)

**Residence Address:** \_\_\_\_\_  
\_\_\_\_\_  
(also mailing address if different)

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
(Include if notice by fax desired)

**I hereby authorize that notice of any determination made by the Board of Elections be transmitted to the person named above:**

\_\_\_\_\_  
**Candidate or Agent**

**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>Name of Candidate</b>	<b>Public Office or Party Position</b>	<b>Residence Address</b> (Also mailing address if different)
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<b>Total Number of Volumes in Petition .....</b>	<hr/>
<b>Identification Numbers .....</b>	<hr/>

The petition contains the number, or in excess of the number, of valid signatures required by the Election Law.

**Contact Person to Correct Deficiencies:**

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(please print)

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\_\_\_\_\_  
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**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
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