

**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]

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

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

SAMPLE AMENDED 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]

Name of Candidate Public Office or Party Position Residence Address
(Also mailing address if different)

Total Number of Volumes in Petition _____

Identification Numbers _____

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: _____

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

Candidate or Agent

"This is to certify that I am authorized to file this amended cover sheet."

_____ Date _____ Signature

INSTRUCTIONS: *Clearly identify the original cover sheet being amended or attach a copy of the original cover sheet being amended.*

SPECIFICATIONS OF OBJECTION

TO: The Board of Elections in the City of New York

OBJECTOR: Name: _____
Residence Address: _____

OBJECTOR'S CONTACT PERSON:
Name: _____
Mailing Address: _____
(may be a business address)

Telephone Numbers: _____
Fax Number: _____

Indicate if there is a different fax number to be used on Saturday or Sunday.

The objector submits the following specifications in support of the General Objection to the nominating petition for:

CANDIDATE: Name: _____
Residence Address: _____

Public Office or Party Position: _____
District: _____
Political Party/Independent Body: _____

PETITION VOLUME IDENTIFICATION NUMBERS: _____

CANDIDATE'S CONTACT PERSON (from the petition cover sheet):
Name: _____
Mailing Address: _____
Telephone Numbers: _____
Fax Number: _____

TOTAL NUMBER OF SIGNATURES ON PETITIONS: _____

NUMBER OF INVALID SIGNATURES ON PETITION: _____

The line by line and any other specific objections are attached.

Objector's Signature

CERTIFICATE OF ACCEPTANCE

(Section 6-146, Election Law)

I, _____, residing at

(Candidate's Name)

(Address)

having been designated/nominated by the _____ Party,
(Name of Party)

as a candidate for the office of _____,
(Title of Office and Political Subdivision)

_____ district, do hereby ACCEPT such designation/nomination
(District Number if any)

and consent to be such candidate of such party at a _____
(Special/Primary/General)

election to be held on _____, 20____.

(Date)

(Signature of Candidate)

STATE OF NEW YORK :
COUNTY OF _____ : ss:

On this _____ day of _____, 20____, before me personally
appeared _____, to me known and known to me to be the individual
described therein, and who executed the foregoing instrument, and acknowledged to me that he/she
executed the same.

Notary Public

(11/99) f:\files\forms\accept

SAMPLE PREPARED BY STATE BOARD OF ELECTIONS

CERTIFICATE OF DECLINATION

(Section 6-146, Election Law)

I, _____, residing at

(Candidate's Name)

(Address)

having been designated/nominated by the _____ Party,

(Name of Party)

as a candidate for the office of _____,

(Title of Office and Political Subdivision)

_____ district, at a _____ election to be

(District Number if any)

(Special/Primary/General)

held on _____, 20_____, do hereby DECLINE such

(Date of Election)

designation/nomination.

(Date)

(Signature of Candidate)

STATE OF NEW YORK :

COUNTY OF _____ : ss:

On this _____ day of _____, 20_____, before me personally appeared _____, to me known and known to me to be the individual described in, and who executed the foregoing instrument, and acknowledged to me that he/she executed the same.

Notary Public

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SAMPLE PREPARED BY STATE BOARD OF ELECTIONS

CERTIFICATE OF AUTHORIZATION

(Section 6-120, Election Law)

We, _____ and _____
(Presiding Officer) (Secretary)

Presiding Officer and Secretary of the meeting of the _____ Party
of _____, DO HEREBY CERTIFY THAT: at a meeting of the
(Political Subdivision)

_____ Committee of the _____, Party
(Political Subdivision)

held on the ____ day of _____, 20____, a quorum being present, said committee, by
majority vote of the members present, did consent and authorize the nomination/designation of

_____ residing at _____
(Name of Candidate) (Place of Residence)

_____ for the office of _____ as

a candidate of the _____ Party for public office indicated, at the

_____ Election to be held on _____.
(Special/Primary/General) (Date of Election)

Said nomination/designation is authorized pursuant to the provisions of Section 6-120 of
the New York State Election Law.

IN WITNESS WHERE OF, we have set our hands this ____ day of _____,
20____.

Presiding Officer

Secretary

On this ____ day of _____, 20____ before me personally came

_____ and _____

to me known and known to me to be the persons described in and who executed the foregoing
instrument and he/she duly acknowledged to me that he/she executed the same.

CERTIFICATE OF SUBSTITUTION BY COMMITTEE TO FILL VACANCIES AFTER DECLINATION, DEATH OR DISQUALIFICATION
 (Section 6-148, Election Law)

WHEREAS, there exists a vacancy in the designation/nomination for the office of _____
 (title of office and political subdivision)
 in the _____ district by the _____ Party caused by the
 (district number if any) (name of party)
 declination/death/disqualification of _____
 (name of original candidate)

THEREFORE, WE, the undersigned, constituting a majority of the duly authorized Committee to Fill Vacancies, do hereby certify that we have designated/nominated the following person to fill the above mentioned vacancy:

Name of new candidate: _____

Place of residence: _____

DATE: _____

 Signature of vacancy committee member

AFFIDAVIT

We, the undersigned, hereby affirm that we constituted a majority of the vacancy committee referred to in the above certificate and that the statements in such certificate are true.

Sworn to before me this _____ day of _____, 20____

 Notary Public

CONSENT BY SUBSTITUTED CANDIDATE

I, _____ hereby accept the above designation/nomination of the
 (Name of Substituted Candidate)

_____ Party, for the office of _____,
 (Name of Party) (Title of Office & Political Subdivision) (district # if any)

 Signature of Candidate

On this _____ day of _____, 20____, before me personally appeared _____
 to me known and known to me to be the individual described in, and who executed the foregoing instrument,
 and acknowledge to me that he/she executed the same.

 Notary Public

CERTIFICATE OF SUBSTITUTION BY PARTY COMMITTEE AFTER DECLINATION, DEATH OR DISQUALIFICATION

(Section 6-148, Election Law)

WHEREAS, there exists a vacancy in the nomination for the office of _____
(title of office and political subdivision)

in the _____ district by the _____ Party caused by the
(district number if any) (name of party)

declination/death/disqualification of _____
(name of original candidate)

THEREFORE, WE, the undersigned, Presiding Officer and Secretary at a meeting at which there was a quorum of the _____ Party committee members last elected in the _____ (or members of such other committee as the rules of the party may provide), do hereby certify that the following named individual was nominated to fill the above mentioned vacancy by a majority of the committee members present at said meeting:

Name of new candidate: _____

Place of residence: _____

DATE: _____

Signature of Presiding Officer

Signature of Secretary

AFFIDAVIT

We, the undersigned, hereby affirm that we were the Presiding Officer and Secretary at the committee meeting referred to in the above certificate and that the statements in such certificate are true:

Presiding Officer

Secretary

Sworn to before me this _____ day of _____, 20____

Notary Public

CONSENT BY SUBSTITUTED CANDIDATE

I, _____ hereby accept the above nomination of the
(Name of Substituted Candidate)

_____ Party, for the office of _____,
(Name of Party) (Title of Office & Political Subdivision) (district # if any)

Signature of Candidate

On this _____ day of _____, 20____, before me personally appeared _____ to me known and known to me to be the individual described in, and who executed the foregoing instrument, and acknowledge to me that he/she executed the same.

Notary Public



BOARD OF ELECTIONS

IN
THE CITY OF NEW YORK

PETITION HEARINGS NOTICE OF APPEARANCE

Date: _____

County : _____

Specification No(s): _____

Petition No(s) : _____

Objector : _____

Candidate : _____

I hereby appear in the proceedings before the Board of Elections in the City of New York with respect to the specification of objections indicated above.

I appear as the _____ representative of the _____ Objector

(check if applicable) _____ Candidate

Name: _____

Firm (if any) : _____

Address : _____

Tel. No. : _____ Fax No. : _____

If the representative is not an attorney, a notice of authorization signed by the candidate or objector must also be filed with this notice of appearance.

NOTICE OF AUTHORIZATION

I hereby authorize the person listed above to represent me at hearings at the Board of Elections.

Signature of Candidate or Objector Date

