

APPLICATION FOR NOMINATING PETITION

Secretary of the State
P.O. Box 150470 - 165 Capitol Avenue
Hartford, CT 06115-0470, Tel. (860) 509-6100

(Date)

Pursuant to §9-453b of the General Statutes, I hereby apply for a nominating petition for each of the following persons as candidates for the offices specified at the municipal election to be held on May 5, 2025.

PLEASE TYPE OR PRINT CLEARLY

Name Residence Address (including zip code) Office (incl. District if applicable)

The party designation of the above candidates on the petition will be:

*(If no party designation, insert "None")

If a party designation is specified, a reservation of such party designation must be in effect for the office(s) included in this application, unless the designation is the name of a minor party which is qualified for different office(s) on the same ballot as the office(s) included in the application. *DO NOT INSERT REPUBLICAN OR DEMOCRATIC AS THE PARTY DESIGNATION, DOING SO WILL DELAY THE PROCESS OF YOUR APPLICATION.

*To assist you in determining the number of circulators needed, please note that each petition page contains space for 30 or 40 signatures; a particular page may have only one circulator; and the total number of signatures required is equal to the lesser of (1) one percent of the total votes cast for the same office (or, if multiple-opening office, one percent of the total number of names checked as having voted) at the last preceding election, or (2) seven thousand five hundred. This office will determine the exact signature requirement at the time of issuance of the petition. Each applicant is issued one petition page which must be duplicated.

If address different from above, mail forms to:

[Phone # during business hours Phone # after business hours]

Email Address

(Applicant Signature)

SO THAT WE MAY PROVIDE YOU WITH EXPEDITIOUS SERVICE, IF YOU WISH TO RECEIVE YOUR PETITIONS VIA EMAIL PLEASE PROVIDE YOUR EMAIL ADDRESS ON THE DESIGNATED LINE ABOVE. IF YOU WISH TO DROP YOUR APPLICATION OFF IN PERSON AND RECEIVE YOUR NOMINATING PETITION PLEASE CALL (860) 509-6117 TO MAKE AN APPOINTMENT.

NOTE: Be sure to enclose page 2, Statement of Consent signed by each candidate; page 3, Town Clerk's Statement, signed by clerk of each candidate's town of residence (multiple copies of page 3 may be attached if necessary); and Application for Reservation of Party Designation if required.

Nominating petition pages must be submitted to the town clerk of the town of voting residence of the signers or to the Secretary of the State by 4:00 p.m. of February 4, 2025.

If this petition is filed under a party designation, March 4, 2025 at 4 p.m. is the last day that the party designation committee or minor party may file with the Secretary of the State Statements of Endorsement of candidates petitioning under this designation.

CANDIDATES' STATEMENT OF CONSENT

The undersigned consents to the placing of his or her name in a nominating petition as a candidate for the office specified, under the party designation, **if any**, of _____, (if no party designation, insert "**none**") which office is to be contested at the municipal election to be held on **May 5, 2025**. I have affixed the **date** of signing this statement.

Candidate Signature	Residence Address/Zip	Office & District No. if applicable	Date
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