

Designating and Independent Petitions

[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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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**

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Total Number of Volumes in Petition	<hr/>
Identification Numbers	<hr/>

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