

you do not have a re  
09/15/04 Wi

s be location of residence.)

**APPLICATION FOR A PLACE ON THE BALLOT FOR A GENERAL ELECTION  
FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION**

TO: City Secretary/Secretary of Board

APPLICATION FOR A PLACE ON THE

GENERAL ELECTION BALLOT

(name of election)

INDICATE TERM

FULL

FULL NAME (First,

PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT\*

PER

sloga

e,

SOCI

STATE

ZIP

CITY

STATE

ZIP

TX

OCCUPATION (Do not leave blank)

DATE OF BIRTH

VOTER REGISTRATION VUID

NUMBER<sup>2</sup> (Optional)

7-12-163

TELEPHONE CONTACT INFORMATION (Optional)

214 578 3194