

AFFIDAVIT OF ELIGIBILITY

My name is (print): _____

I am aware of the requirements for holding office. I further attest that I am eligible to hold the following office, if elected to this office. I am also aware of the limitations on filling for multiple offices in the same election.

Position: _____

District/ Division/ Ward/ Zone (if applicable): _____

Position Number or other description (if applicable): _____

By my signature below, I swear or affirm that the above statements are true and complete.

Signature of Candidate

Residential Address of Candidate (Street)

City, State, Zip Code

State of Arkansas

County of _____

VERIFICATION

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On this ____ day of _____, 20____, before me, a Notary Public, duly authorized and acting, **personally appeared** _____ (name of Candidate),

known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal on the date set forth above.

Notary Public (or other authorized officer)

[Notary Seal]

My commission expires: _____