

Acceptance of Candidacy

I,, am	n a registered voter in the State of Florida, and a
qualified elector (voter) of the City of We	estlake and have resided within the City of Westlake
boundaries for at least (1) year prior to the	beginning of the qualifying period for office.
My Permanent Address is:	, Westlake, Florida 33470. I
certify that I am registered to vote at this ac	ldress.
	ction assessment fee in the amount of \$120.00 to the
	for the Office of City Council of the City of Westlake,
Florida, for the Mun	icipal Election; and, if elected, I will qualify and serve
in such office during the term for which I a	m elected.
I £1: 41: A 4 £ C 1:1	41
I am filing this Acceptance of Candidacy of	n the,,
	Signature of Candidate
	Candidate Voter Registration Number
	ection assessment fee for the above Acceptance of
	otance of Candidacy were filed with the City Clerk
on the,	·
	Zoie P. Burgess, CMC
	City Clerk
	City Clork
City Council Seat #1 – 4 years	
City Council Seat #3 – 4 years	

STATE OF FLORIDA COUNTY OF PALM BEACH

Before me, an officer authorized to administer oatl	ns, personally appeared:
Print name as you wish for i	t to appear on the ballot
to me well known, who, being sworn, says that he Council Seat #; that he or she is a qualified eleshe is qualified under the Constitution and the law she desires to be nominated or elected; that he or the state, the term of which office or any part there she seeks; that he or she has resigned from any off pursuant to s. 99.012, Florida Statutes; and that he United States and the Constitution of the State of I	ector of City of Westlake, Florida; that he or we of Florida to hold the office to which he or she has qualified for no other public office in of runs concurrent with that of the office he or fice from which he or she is required to resign he or she will support the Constitution of the
	Signature of Candidate
Sworn to and subscribed before me this day of Florida.	of, 20 at City of Westlake,
Personally Known:or	
Produced Identification:	
Type of identification Produced:	
	Signature of Notary Public – State of Florida Print Type or Stamp Commissioned Name of Notary: