

**PRECINCT DELEGATE  
WRITE-IN CANDIDATE  
DECLARATION OF INTENT**

\_\_\_\_\_  
(NAME OF CITY OR TOWNSHIP)

**As a write-in candidate for a precinct delegate position, you must file this form with the clerk of your city or township of residence no later than 4:00 p.m. on the first Friday immediately preceding the August primary. As an alternative, you may file this form with your board of election inspectors on the day of the August primary any time prior to the close of the polls.**

Name \_\_\_\_\_  
(Print or Type)

Residence Address \_\_\_\_\_  
(Street Address) (Post Office) (Zip Code)

City or  Township of \_\_\_\_\_

I am registered and qualified to vote at this address:  Yes  No Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_

**DATE OF PRIMARY:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**OFFICE SOUGHT: Precinct Delegate.**

Precinct No. \_\_\_\_\_

Political Party \_\_\_\_\_

By signing this affidavit, I swear the statements made above are true and do hereby declare my intent to seek the precinct delegate position identified above as a write-in candidate.

**SIGNATURE OF WRITE-IN CANDIDATE:** \_\_\_\_\_

Subscribed and sworn to by \_\_\_\_\_ Name of Notary \_\_\_\_\_

before me on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ Notary Public, State of Michigan, County of \_\_\_\_\_

\_\_\_\_\_ My commission expires \_\_\_\_\_

\_\_\_\_\_ Acting in the County of \_\_\_\_\_

Signature of notary public

**OFFICE USE ONLY**

OFFICE CODE \_\_\_\_\_ DATE OF FILING \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

RECEIVED BY \_\_\_\_\_