



DELBERT HOSEMANN  
Secretary of State

# Candidate Petition

## INDEPENDENT CANDIDATE FOR COUNCILMAN

**TO ELECTION COMMISSION** of \_\_\_\_\_: We the undersigned  
*Name of Municipality*  
 qualified electors of \_\_\_\_\_, County of \_\_\_\_\_,  
*Name of Municipality*  
 State of Mississippi, hereby petition that the name of \_\_\_\_\_ be placed  
 upon the General Election ballot scheduled to be held \_\_\_\_\_, 20\_\_\_\_, as a  
 candidate for the office of Councilman, Ward No. \_\_\_\_\_.

Any candidate seeking to be an independent candidate for municipal office must file a Statement of Intent and Petition signed by not less than the following number of qualified electors: (a) for an office elected by the qualified electors of a municipality at large, or by a ward or district, having a population of one thousand (1,000) or more, not less than fifty (50) qualified electors, or (b) for an office elected by the qualified electors of a municipality at large, or by a ward or district, having a population of less than one thousand (1,000), not less than fifteen (15) qualified electors, with the Municipal Clerk's Office no later than 5:00 p.m. on the same date by which candidates for nomination in the municipal primary elections are required to pay the fee provided for in Section 23-15-309.

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| 1. SIGNATURE _____<br>Address _____  | Printed Name _____<br>Precinct _____ |
| 2. SIGNATURE _____<br>Address _____  | Printed Name _____<br>Precinct _____ |
| 3. SIGNATURE _____<br>Address _____  | Printed Name _____<br>Precinct _____ |
| 4. SIGNATURE _____<br>Address _____  | Printed Name _____<br>Precinct _____ |
| 5. SIGNATURE _____<br>Address _____  | Printed Name _____<br>Precinct _____ |
| 6. SIGNATURE _____<br>Address _____  | Printed Name _____<br>Precinct _____ |
| 7. SIGNATURE _____<br>Address _____  | Printed Name _____<br>Precinct _____ |
| 8. SIGNATURE _____<br>Address _____  | Printed Name _____<br>Precinct _____ |
| 9. SIGNATURE _____<br>Address _____  | Printed Name _____<br>Precinct _____ |
| 10. SIGNATURE _____<br>Address _____ | Printed Name _____<br>Precinct _____ |

Copy this form for succeeding pages. The Municipal Clerk must certify signatures on this form.  
 The opening paragraph of each page of signatures MUST include:  
 (1) The name of the candidate, (2) office sought, and (3) date of the election.