Qualifying Statement of Intent
MUNICIPAL SEPARATE SCHOOL DISTRICT

I, _____
(Please print name, as it will appear on the ballot)

a qualified elector of the _____ District, County of
(Area Represented by the Office Sought)

_____, State of Mississippi; do hereby declare my candidacy as an independent

candidate for the office of _____Municipal Separate School District
(Name of District)

Trustee at the General/Special Election to be held on _____ .
(Date of General/Special)

Name: _____ Date of Birth: ____ / ____ / ____
Last First Middle Month Day Year

Mailing Address: _____
City, State, Zip Code

Residential Address: _____
City, State, Zip Code

Phone Number: ( ) Email Address: _____

I hereby certify that: (mark as applicable):

- ❒ **I have never been convicted of bribery, perjury or other infamous crime, being defined as a crime punishable by confinement in the penitentiary.**
- ❒ **I have never been convicted of a felony in federal court after December 8, 1992, nor of a crime in the court of another state which is a felony in this state, after December 8, 1992, as provided in Section 44 of the Mississippi Constitution.**
- ❒ **I meet all constitutional, statutory and other legal requirements to hold said office.**

Signature of Candidate _____
Date

Received by: _____
Signature *Title* *Date*

INTERNAL OFFICE USE:
STMNT OF INT W SIG_____
PETITION W CERT _____

DATE STAMP