

**City of Fountain Inn
200 North Main Street
Fountain Inn, SC 29644**

NOTICE OF CANDIDACY

ELECTION DATE: NOVEMBER 7, 2017

I hereby file notice that I am a candidate for election to the office of:

MEMBER OF COUNCIL

Ward _____

OATH: I certify that I am a qualified elector and a resident of the municipality and of the ward for which I seek election.

_____	_____
Date	Signature of Candidate
_____	_____
Voter Registration Number	Printed Name of Candidate This is how your name will appear on the ballot. *
_____	_____
Telephone Number	Street Address
_____	_____
Email Address:	City, State, Zip

*Your name on the ballot may not imply professional or social status, an office or military rank. This name may be your given name, a derivative of your given name used in good faith for honest purpose or a nickname which bears no relation to your given name but which is used in good faith for honest purpose, and this name does not exceed 15 letters on the ballot. Your signature above attests to this.

By your signature above, you certify that you have never been convicted of, pled guilty or nolo contendere to a felony or an offense against the S.C. election laws. If so, you have been pardoned under state or federal law or it has been 15 years or more after the completed service of the sentence, including probation and parole time.

You hereby affirm that you meet, or will meet by the time of the general or special election, or as otherwise required by law, the qualifications to hold this office.

NOTE: Attach copy of Voter Registration Card and Photo ID (Driver's License, S.C. ID Card or Passport)

Office Use Only:	
Filing Fee: <i>(to be paid when notice of candidacy is filed)</i> Mayor: \$150.00 Member of Council: \$100.00	Amount Paid: \$ _____
	Signature of City Staff _____
	Received Date _____ Received Time _____