



TOWN OF CLARKDALE
AFFIDAVIT OF QUALIFICATION

You are hereby notified that I, the undersigned, a qualified elector, am an Applicant for the office of Town Councilmember.

I will have been a citizen of the United States for _____ years preceding my appointment and will have been a citizen of Arizona for _____ years preceding my appointment and will meet the age requirement for the office I seek and have resided in Yavapai County for _____ years and in the Town of Clarkdale for _____ years before my appointment.

I do solemnly swear or affirm that, at the time of filing, I am a resident of the Town of Clarkdale and as to all other qualifications, I will be qualified at the time of appointment to hold the office that I seek, having fulfilled the constitutional and statutory requirements for holding said office.

Residence Address: _____

Post Office Address: _____

APPLICANT SIGNATURE

STATE OF ARIZONA)
) SS
COUNTY OF YAVAPAI)

Subscribed and sworn to or affirmed before me on this _____ day of _____, 2017 by
_____.

Notary Public

Date Received:
