



Yolo County Elections

Candidate Preliminary Information Form

(Please Print Legibly)

Office Applying for: _____

Division/Area/District: _____ Party: _____
(If Applicable) (If Applicable)

Candidate Name: _____

Residence Address: _____

City: _____ Zip: _____

Primary Telephone Home Business/Work Cell

Secondary Telephone Home Business/Work Cell

Email Address: _____

Name of Authorized Contact Person: _____
(Optional) (Other Than Candidate)

Contact Phone: _____ Contact Email: _____

Signature of Authorized Representative: _____

I understand, as a candidate for public office, my voter registration information is public record. Therefore, the Registrar of Voters office has informed me that my residential address will be distributed upon request to the public on a candidate listing provided by the Registrar of Voters office **unless** I provide another address (business or mailing) to be used in its place.

SIGNATURE: _____

DATE: _____

OFFICE USE ONLY

Registration Verification: ** Print DFM EIMS Screens **		
Precinct #:	Affidavit #:	Registration Date:

All County, School District, & Judicial Offices: Completed Declaration of Qualifications

Nomination Packet:		
<input type="checkbox"/> Nomination Papers	Issued By:	Date Issued: