

**AFFIDAVIT OF
ACCEPTANCE OF NOMINATION
AND SATISFACTION REQUIREMENTS**

I, _____ hereby accept the nomination tendered to me by the foregoing petitioners for the office of _____, Town of Keystone, County of Summit, Colorado. My place of residence is _____ in the Town of Keystone, Colorado.

I certify that I satisfy the requirements of CRS § 31-10-301 to be a candidate and hold municipal office; that I am a registered elector of the Town of Keystone, at least 18 years of age on the date of the election and a resident of the Town of Keystone for at least twelve (12) consecutive months immediately preceding the date of the election.

Signature of Candidate

Mailing Address: _____

Residence Address: _____

Date: _____, 20____

STATE OF COLORADO)
COUNTY OF SUMMIT)

Subscribed and sworn to me this _____ day of _____, 20_____.

(SEAL)

Notary Public

Commission Expires: _____

**PLEASE INDICATE BELOW THE WAY YOU WISH YOUR NAME TO APPEAR ON THE BALLOT.
NO DEGREE OR TITLE IS PERMITTED. PLEASE TYPE or PRINT LEGIBLY.**
