

TOWN OF KEYSTONE, COLORADO

MUNICIPAL ELECTION NOMINATION PETITION

Candidates must meet the following criteria pursuant to C.R.S. § 31-10-302

I, _____
(PRINT YOUR FULL NAME INCLUDING JR., SR., II., III., etc.)

Who resides at _____, in the Town of Keystone,
County of Summit, State of Colorado, hereby petition to be a candidate for the office of

_____ for the Town of Keystone to be voted at the Special Municipal Election to be held
on the 30th day of January, 2024.

C.R.S. § 31-10-909(1)(a) Nomination Petitions may be circulated and signed beginning on the 91st day and ending on the 71st day prior to the day of election (election day excluded). Petitions shall be filed with the clerk/Election Commission no later than the 71st day prior to the day of election (election day excluded).

C.R.S. §31-10-302(2)(c) Each petition shall be signed by a minimum of TEN registered electors. The Keystone Election Commission shall validate all signatures on a petition.

C.R.S. §31-10-909(1)(a) Any petition may be amended to correct or replace those signatures which the clerk/Election Commission finds are not in apparent conformity with the requirements at any time 63 days prior to the election (election day excluded).

ONLY KEYSTONE REGISTERED ELECTORS CAN SIGN: Petitioners MUST live within the Town limits. Some “Keystone” addresses are not within the Town of Keystone. Please check the Keystone Election Commission or The Incorporate Keystone website for additional information.

C.R.S. 31-10-302(5) No registered elector shall sign more than one nomination petition for each separate office to be filled. (There are SIX separate offices available for Councilmember and ONE office for Mayor.)

Candidate nomination petitions require a minimum of ten (10) signatures

PETITION TO NOMINATE _____ for _____
 (name of candidate) (office)

1. Signature	Address (Street & Number)	Date
Printed name	Town, County	Time
2. Signature	Address (Street & Number)	Date
Printed name	Town, County	Time
3. Signature	Address (Street & Number)	Date
Printed name	Town, County	Time
4. Signature	Address (Street & Number)	Date
Printed name	Town, County	Time
5. Signature	Address (Street & Number)	Date
Printed name	Town, County	Time
6. Signature	Address (Street & Number)	Date
Printed name	Town, County	Time
7. Signature	Address (Street & Number)	Date
Printed name	Town, County	Time
8. Signature	Address (Street & Number)	Date
Printed name	Town, County	Time
9. Signature	Address (Street & Number)	Date
Printed name	Town, County	Time
10. Signature	Address (Street & Number)	Date
Printed name	Town, County	Time

Candidate nomination petitions require a minimum of ten (10) signatures

PETITION TO NOMINATE _____ for _____ (office)
 (name of candidate) (office)

11. Signature	Address (Street & Number)	Date
Printed name		Time
12. Signature	Address (Street & Number)	Date
Printed name	Town, County	Time
13. Signature	Address (Street & Number)	Date
Printed name	Town, County	Time
14. Signature	Address (Street & Number)	Date
Printed name	Town, County	Time
15. Signature	Address (Street & Number)	Date
Printed name	Town, County	Time
16. Signature	Address (Street & Number)	Date
Printed name	Town, County	Time
17. Signature	Address (Street & Number)	Date
Printed name	Town, County	Time
18. Signature	Address (Street & Number)	Date
Printed name	Town, County	Time
19. Signature	Address (Street & Number)	Date
Printed name	Town, County	Time
20. Signature	Address (Street & Number)	Date
Printed name	Town, County	Time

AFFIDAVIT OF CIRCULATOR (The Affidavit of Circulation does not have to be circulated by the petitioner)

I, _____,
(PRINT YOUR FULL NAME INCLUDING JR., SR., II, III, etc.)

Hereby certify that I circulated this petition and that each signature is the signature of the person whose name it purports to be and that each signer has stated that the person is a registered elector of the Town of Keystone, Colorado for which this nomination is made.

Signature of Circulator

Date: _____, 20__

STATE OF COLORADO)
COUNTY OF SUMMIT)

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

(SEAL) _____
Notary Public

Commission Expires: _____