

**INDEPENDENT NOMINATING PETITION – Sec. 6-140, Election Law**

I, the undersigned, do hereby state that I am a registered voter of the political unit for which a nomination for public office is hereby being made, that my present place of residence is truly stated opposite my signature hereto, and that I do hereby nominate the following named person (or persons) as a candidate (or as candidates) for election to public office (or public offices) to be voted for at the election to be held on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and that I select the name (fill in name) \_\_\_\_\_ as the name of the independent body making the nomination ((or nominations) and (fill in emblem) \_\_\_\_\_ as the emblem of such body.

**Name of Candidate                      Public Office                      Place of Residence (also Post Office address, if not identical)**

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I do hereby appoint (here insert the names and addresses of at least three persons, all of whom shall be registered voters within such political unit),

as a committee to fill vacancies in accordance with the provisions of the election law.

In witness whereof, I have hereunto set my hand, the day and year placed opposite my signature.

DATE	NAME OF SIGNER (signature required)	RESIDENCE	TOWN or CITY
1. / /20			
2. / /20			
3. / /20			
4. / /20			
5. / /20			
6. / /20			
7. / /20			
8. / /20			
9. / /20			
10. / /20			

**COMPLETE ONE OF THE FOLLOWING**

**1) STATEMENT OF WITNESS**

I, \_\_\_\_\_ state: **I am a duly qualified voter of the State of New York** or am otherwise duly qualified to sign the petition. I now reside at \_\_\_\_\_.

Each of the individuals whose names are subscribed to this petition sheet containing \_\_\_\_\_ signatures, subscribed the same in my presence on the dates above indicated and identified himself to be the individual who signed this sheet.

I understand, that this statement will be accepted for all purposes as the equivalent of an affidavit and, if it contains a material false statement, shall subject me to the same penalties as if I had been duly sworn.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

**WITNESS IDENTIFICATION INFORMATION;** The following information for the witness named above must be completed prior to filing with the board of elections in order for this petition sheet to be valid.

Town or City \_\_\_\_\_

County \_\_\_\_\_

**2) NOTARY PUBLIC OR COMMISSIONER OF DEEDS**

On the dates above indicated before me personally came each of the voters whose signatures appear on this petition sheet containing \_\_\_\_\_ signatures, who signed same in my presence and who, being by me duly sworn, each for himself, said that the foregoing statement made and subscribed by him, was true.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature and Official Title of Officer Administering Oath  
Sheet No: \_\_\_\_\_