



# Candidate Contact Information

## Office of COUNCIL MEMBER

Candidate Name: \_\_\_\_\_

Ward Sought: \_\_\_\_\_

Contact Numbers

Home: \_\_\_\_\_

Office: \_\_\_\_\_

Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Campaign Manager: \_\_\_\_\_

Campaign

Headquarters Address: \_\_\_\_\_

Campaign Office

Phone Number: \_\_\_\_\_

Campaign Office

Fax Number: \_\_\_\_\_

Candidate Web Site: \_\_\_\_\_

*Note: Completion of this form and/or any of its subparts is optional. The form may be distributed by the City Clerk upon request and will be posted on the City's election web page. The City Clerk accepts no liability for the accuracy of the information, or lack thereof, provided by the candidate.*