



# Candidate Petition – Special Election

## INDEPENDENT CANDIDATE FOR ALDERMAN

TO ELECTION COMMISSION of \_\_\_\_\_: We the undersigned qualified electors of  
*Name of Municipality*

\_\_\_\_\_, County of \_\_\_\_\_, State of Mississippi, hereby petition that  
*Name of Municipality*

the name of \_\_\_\_\_ be placed upon the Special Election Ballot scheduled to  
be held \_\_\_\_\_, 20\_\_\_\_, as a candidate for the office of Alderman, Ward No. \_\_\_\_\_.

Any candidate seeking to be an independent candidate for municipal office must file a Statement of Intent and Petition signed by not less than the following number of qualified electors: (a) for an office elected by the qualified electors of a municipality at large, or by a ward or district, having a population of one thousand (1,000) or more, not less than fifty (50) qualified electors, or (b) for an office elected by the qualified electors of a municipality at large, or by a ward or district, having a population of less than one thousand (1,000), not less than fifteen (15) qualified electors, with the Municipal Clerk’s Office no later than 5:00 p.m. on the same date by which candidates for nomination in the municipal primary elections are required to pay the fee provided for in Section 23-15-309.

1. SIGNATURE \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Precinct \_\_\_\_\_

2. SIGNATURE \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Precinct \_\_\_\_\_

3. SIGNATURE \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Precinct \_\_\_\_\_

4. SIGNATURE \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Precinct \_\_\_\_\_

5. SIGNATURE \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Precinct \_\_\_\_\_

6. SIGNATURE \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Precinct \_\_\_\_\_

7. SIGNATURE \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Precinct \_\_\_\_\_

8. SIGNATURE \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Precinct \_\_\_\_\_

9. SIGNATURE \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Precinct \_\_\_\_\_

10. SIGNATURE \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Precinct \_\_\_\_\_

Copy this form for succeeding pages. The Municipal Clerk must certify signatures on this form.

The opening paragraph of each page of signatures MUST include:

- (1) The name of the candidate, (2) office sought, and (3) date of the election.