



CITY OF DORAL CANDIDATE AFFIRMATION

Before me, an officer authorized to administer oaths, personally appeared _____ to me well known _____ or who produced _____ as identification, who, being sworn, says that he/she is a candidate for the office of _____; that he/she has resided in the City of Doral for the past two (2) years; that he/she is a qualified elector of Miami-Dade County, Florida; that he/she qualified under the Constitution and the laws of Florida to hold the office to which he/she seeks election; that he/she has qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with that of the office he/she seeks; that he/she has resigned from any office from which he/she is required to resign pursuant to § 99.012 Florida Statutes; and that he/she will support the Constitution of the United States and the Constitution of the State of Florida.

(Signature of Candidate)

(Candidate Printed Name)

(Candidate Address)

(Candidate Address)

Sworn to and subscribed before me this _____ day of _____, _____ at the City of Doral, Miami-Dade County, Florida.

Connie Diaz, MMC
City Clerk, City of Doral