

# Sample Cover Sheet

## Designating and Independent Petitions

[ Place Name of Party or Independent Body Here ]

Name of Candidate	Residence Address <i>(Also mailing address if different)</i>	Public Office or Party Position <i>(Include district number where appropriate)</i>

<b>Volume Number</b>	
<b>Total Number of Volumes in Petition</b>	

The petition contains the number, or in excess of the number, of valid signatures required by Election Law.

**Contact Person to Correct Deficiencies:**

**Name** \_\_\_\_\_  
*(Please print)*

**Residence Address** \_\_\_\_\_  
*(Also mailing address if different)*

\_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_  
*(Include if notice by fax desired)*

**Email** \_\_\_\_\_  
*(Include if notice by email desired)*

I hereby authorize that any notice of any determination made by the Board of Elections be transmitted to the person named above. If an email address is provided, all notices or determinations shall be sent by email only. I understand that by not providing an email notice, notifications will be sent by mail which will delay notification.

**Optional: For candidates for statewide office, Member of Assembly or State Senator only**

The following website address is submitted to be published on the state board of elections website pursuant to Election Law § 4-123 for the candidate listed opposite:

Name of Candidate	Website Address

\_\_\_\_\_

**Signature of Candidate or Agent**

# Sample Cover Sheet

## Designating and Independent Petitions Filed In New York City and Counties Which Utilize Petition Identification Numbering Systems

[ Place Name of Party or Independent Body Here ]

Name of Candidate	Residence Address <i>(Also mailing address if different)</i>	Public Office or Party Position <i>(Include district number where appropriate)</i>

Total Number of Volumes in Petition	
Identification Numbers	

The petition contains the number, or in excess of the number, of valid signatures required by Election Law.

**Contact Person to Correct Deficiencies:**

**Name** \_\_\_\_\_  
*(Please print)*

**Residence Address** \_\_\_\_\_  
*(Also mailing address if different)*

\_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_  
*(Include if notice by fax desired)*

**Email** \_\_\_\_\_  
*(Include if notice by email desired)*

I hereby authorize that any notice of any determination made by the Board of Elections be transmitted to the person named above. If an email address is provided, all notices or determinations shall be sent by email only. I understand that by not providing an email notice, notifications will be sent by mail which will delay notification.

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**Signature of Candidate or Agent**