

SUPERVISOR OF ELECTIONS | PUTNAM COUNTY, FLORIDA

CANDIDATE AUTHORIZATION FORM

I, _____, candidate for _____,
Candidate name Office Sought

authorize the following individual(s) to pick up campaign related information from your office on my behalf.

Name of Designee

_____	_____
_____	_____
_____	_____

I, _____, candidate for _____,
Candidate Name Office Sought

authorize the following individual(s) to receive campaign related information via e-mail from your office on my behalf.

Name of Designee

E-mail Address

_____	_____
_____	_____
_____	_____

Signature: _____ Date: _____