

Affidavit of Qualification for Candidacy

State of Florida
County of Indian River

Before me, an officer authorized to administer oaths, personally appeared _____, who is personally known by me or who has produced the following identification [_____], and hereby being sworn, states as follows:

1. I state that I am a candidate for election to the office of Councilmember for the Town Council of the Town of Indian River Shores.
2. I am, or will be, at least 18 years of age by the end of the qualifying period.
3. I am qualified under the Constitution and the laws of Florida to hold the office to which I seek election.
4. I am a qualified elector of the Town of Indian River Shores and I have resided within the Town for one year immediately preceding the election in which I am a candidate.
5. I have not qualified for any other public office in the State, the term of which office or any part thereof runs concurrent with any office from which he or she is required to resign pursuant to SS 99.012, Florida Statutes.

Signature of Candidate

Address

Indian River Shores, FL 32963

Sworn to and subscribed before me by _____, who is personally known or who has produced _____ as identification this _____ day of _____, 2022 at the Town of Indian River Shores, Indian River County, Florida.