DISTRICT OF COLUMBIA
BOARD OF ELECTIONS
WASHINGTON, DC 20003-4733

AGENT AFFIDAVIT: AUTHORIZATION TO RECEIVE AND FILE BALLOT ACCESS DOCUMENTS AND MATERIALS

DATE: _____

TYPE OF ELECTION: □ PRIMARY □ GENERAL □ SPECIAL **DATE OF ELECTION**: _____

I. CANDIDATE INFORMATION:

Name: _____

Address: _____

Phone: _____ **Email:** _____

Office Sought: _____
(*Include Ward or Single-Member District, if applicable*)

II. AFFIDAVIT

I, _____ do hereby attest that I authorize _____
(*Candidate's Name*) (*Agent's Name)*

to act on my behalf. They are permitted to receive from and file with the Board ballot access materials, including, but not limited to, the nominating petition and the Declaration of Candidacy in connection with the election indicated above.

_____	_____	_____
Candidate's Signature	**Date**	**Consent Expiration Date**