



STATE BOARD OF ELECTIONS
6400 Mail Service Center • Raleigh, North Carolina 27699-6400

PETITION REQUEST FORM

Petition Name _____ (50 characters max)

Filing Date _____

Expiration Date _____

Required Signature Total _____

Petition Properties, check one:

Subtype: Check one

____ ABC

____ Municipal

____ Charter

____ County

____ Municipal

____ District, 2 or more Counties

____ Filing Fee

____ Single County or Legislative District

____ Bonds

____ State

____ Repeal of Levy Tax

____ School Tax

____ Unaffiliated Candidate _____ (office running for)

____ Write In Candidate _____ (office running for)

____ New Political Party _____ (name of Party)

Organization _____ optional

Contact Name _____

Primary Phone _____

Secondary Phone _____ optional

Fax _____ optional

Email _____ optional

Contact Address _____

Requested By: _____

Date _____