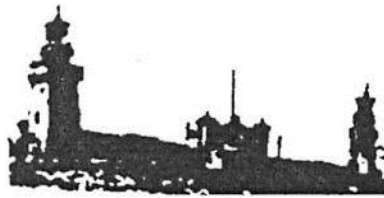


BOROUGH OF HIGHLANDS, N. J

INCORPORATED 1900

171 BAY AVENUE 07732
COUNTY OF MONMOUTH
PHONE: 732-872-1224
FAX: 732-872-0670
WWW.HIGHLANDSNJ.US



HISTORIC "TWIN LIGHTS"

FRANK L. NOLAN, MAYOR
BRIAN GEOGHEGAN ADMINISTRATOR
CAROLYN M. CUMMINS BOROUGH CLERK

TO: Candidates for Mayor

FROM: Dwayne M. Harris, Acting Municipal Clerk

RE: Filing Requirements

Please be advised that the filing deadline, for your petition to the Borough of Highlands, is **Tuesday, September 6, 2016 at 4 p.m.** Petitions may be submitted earlier but **cannot be accepted after that time.** Petitions must be submitted to the Borough Clerk at the Highlands Borough offices, located on Shore Drive, Highlands, NJ. Petitions cannot be submitted to any other office or location.

A minimum number of **15 signatures** are required to have your name placed on the ballot. Non-registered voters as well as persons signing more than one petitions shall be disqualified.

Should you have any questions please contact me at (732) 291-1444 x 3103.

CANDIDATE AFFIDAVIT

STATE of NEW JERSEY

COUNTY of MONMOUTH

I, _____, do solemnly swear that the statements herein made are true and to the best of my knowledge and belief that each of the signature is of the person whose name it purports to be.

Sworn and subscribed to before me

this _____ day of _____, 2016.

CERTIFICATE of ACCEPTANCE

I, _____, hereby certify that I am qualified for the office mentioned in the foregoing Petition and that I consent to stand as a Candidate for Nomination at the ensuing Municipal Election and that if nominated I agree to accept the Nomination.

THIS FORM MAY BE DUPLICATED BUT MUST CONTAIN ALL ORIGINAL SIGNATURES



**PETITION ENDORSING FOR NOMINATION
CANDIDATE FOR MUNICIPAL MAYOR**

BOROUGH OF HIGHLANDS, NEW JERSEY

TO THE MUNICIPAL CLERK:

I, the undersigned, a qualified voter of the Borough of Highlands, County of Monmouth, State of New Jersey, certify that I hereby join in a petition for the Nomination of:

(Candidate)

whose residence is:

(Candidate Address)

For the office of **Borough of Highlands Mayor** (Mayor), to be voted for at the Municipal Election to be held in the Borough of Highlands, Monmouth County, New Jersey, on Tuesday, November 8, 2016.

I further certify that I know this candidate to be a qualified voter of the Borough of Highlands and a person of good moral character, and qualified in my judgment to perform the duties of such office.

I further certify that I have not signed more petitions of Certificates of Nomination than there are places to be filled for such office.

SIGNATURE _____

NAME (Please Print): _____

ADDRESS: _____
Highlands, New Jersey 07712

THIS FORM MAY BE DUPLICATED BUT MUST CONTAIN ALL ORIGINAL SIGNATURES