

YOU MUST BE A QUALIFIED VOTER IN MIAMI-DADE COUNTY, FLORIDA AND THE TOWN OF SURFSIDE TO SIGN  
PLEASE SIGN & PRINT YOUR NAME, ADDRESS, DATE YOU SIGNED THIS PETITION AND YOUR DATE OF BIRTH

## NOMINATING PETITION FOR MAYOR OR COMMISSIONER

### TOWN OF SURFSIDE, FLORIDA

We, the undersigned electors of the Town of Surfside, Florida, having first been furnished with a fully executed copy of the Candidate's Sworn Statement of Qualifications and proof of residency, hereby nominate \_\_\_\_\_  
\_\_\_\_\_ for the office of \_\_\_\_\_ (Mayor or Commissioner)  
at an election to be held on March 17, 2026.

*This petition must be filed with the Town Clerk between January 12, 2026 and no later than 12:00 p.m. on February 2, 2026.*

Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____

#### STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing Petition containing \_\_\_\_\_ signatures. Town Charter, Art. VI, Sec. 101. I certify under penalty of perjury that each signature was made in my presence and is the original genuine signature of the person executing this Petition. I further certify under penalty of perjury that I provided each signatory to this Petition a copy of the Candidate's Sworn Statment of Qualifications and proof of residency prior to the person signing this Petition.

Signature of Circulator: \_\_\_\_\_

Name of Circulator: \_\_\_\_\_

Address of Circulator: \_\_\_\_\_

Email address of Circulator: \_\_\_\_\_

#### ACCEPTANCE OF NOMINATION

I hereby affirm the Sworn Statement of Qualifications remains true and correct, and I accept the nomination for the office of \_\_\_\_\_ (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: \_\_\_\_\_ Date: \_\_\_\_\_