

Woodland Hills - Warner Center Neighborhood Council CANDIDATE FILING FORM

Stakeholder Status (check ONE)

<input type="checkbox"/>	<u>Live within the WHWCNC boundaries</u> address: _____
<input type="checkbox"/>	<u>Work within the WHWCNC boundaries</u> employer/address: _____
<input type="checkbox"/>	<u>Own property within the WHWCNC boundaries (other than homeowner)</u> address: _____
<input type="checkbox"/>	<u>Participate within the WHWCNC boundaries (community, non-profit or arts organization, faith based institution, schools)</u> organization/address: _____

Check ONE Candidate Category:

- | | |
|--|--|
| <input type="checkbox"/> Residential Representative Area 2 | <input type="checkbox"/> Residential Representative Area 4 |
| <input type="checkbox"/> Residential Representative Area 6 | <input type="checkbox"/> Business Representative Area 2 |
| <input type="checkbox"/> Business Representative Area 4 | <input type="checkbox"/> Business Representative Area 6 |
| <input type="checkbox"/> At Large Representative Area 2 | <input type="checkbox"/> At Large Representative Area 4 |
| <input type="checkbox"/> At Large Representative Area 6 | |

Mailing Address

Print Name _____

Street Address _____

City State ZIP _____

Phone (Day) _____ (Eve) _____

(Fax) _____ E-mail _____

- Send me WHWCNC notices and announcements

I hereby certify under penalty of perjury, that I am a Stakeholder within the boundaries of the WHWCNC area, that I am 18 years of age or older, and that the information above is true.

Stakeholder Signature/ Firma _____ Date _____

Please include copy of your documentation to verify your board category status; for example: driver's license, utility bill, rental receipt, property tax bill, paycheck stub, workers ID, organization membership card, etc. *For further information call: 818/269-7759.*
Feel free to remove or hide personal information beyond that necessary to establish your identity and link to an address and or organization necessary to determine your voter eligibility on any documents you submit.

Form must be received by: October 1, 2007

Mail to: IEA, PO Box 41048, Los Angeles, CA 90041

FAX to: 866.636.4441

Verified by: _____

Registrar: _____

Date: _____