



## Affidavit of Eligibility

My name is (print):

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I am aware of the requirements for holding office. I further attest that I am eligible to hold the following office, if elected to this office. I am also aware of the limitations on filing for multiple offices in the same election.

Position (Mayor or Director):

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Ward Number: (if any)

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Signature of Candidate

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Residential Address of Candidate

### VERIFICATION

*State of Arkansas)*

*County of Miller )*

On this \_\_\_\_ day of \_\_\_\_\_, 2024, before me, a Notary Public, duly authorized and acting, **personally appeared** \_\_\_\_\_ (name of Candidate), known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained. In witness whereof I hereunto set my hand and official seal on the date set forth above.

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**Notary Public**

[Notary Seal]

**My Commission expires:** \_\_\_\_\_