

City of Springfield
Affidavit of Residency

STATE OF FLORIDA
COUNTY OF BAY

I, _____, being duly sworn, depose
(Print Name)

and say that I hereby declare and assert my candidacy for the office of

_____ for the City of Springfield, Florida.
(Print Office sought and Ward Number if applicable)

I further depose and say that I am legally qualified to be a candidate for election to the Office

of _____ and that I am a registered voter, who
(Print Office sought and Ward Number if applicable)

is legally eligible to vote in City Elections. I also depose and say that I have resided not less than

six continuous months immediately preceding the current election in the City of Springfield at:

(Print Street Address)

Signature of Candidate