

OATH OF CANDIDATE

I, _____

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT)

am a candidate for the Civil Service Board of the City of Lakeland. I am a qualified elector of Polk County Florida residing within the city limits of the City of Lakeland. I have achieved the age of twenty-one. I have never been convicted of a felony. I am not now nor have I been within the last year an employee or officer of the City of Lakeland.

I hereby declare that I have read the foregoing Oath of Candidate and that the facts as stated here in are true and correct.

Signature of Candidate

E-mail Address

Address

Day phone

Alternate phone

Date Signed

