

**SUPERVISOR OF ELECTIONS
PUTNAM COUNTY, FLORIDA**

CANDIDATE AUTHORIZATION FORM

I, _____ candidate for _____ authorize the
(Candidate Name) (Office Sought)

following individual(s) to pick up campaign related information from your office on my behalf.

Name of Designee

I, _____ candidate for _____ authorize the
(Candidate Name) (Office Sought)

following individual(s) to receive campaign related information via e-mail from your office on my behalf.

Name of Designee

E-mail address

Signature: _____ Date: _____