City of Lynn Haven

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 candidac	ey for the office of
(Print Office Sought and Seat Number)	for the City of Lynn Haven, Florida.
I further depose and say that I am legally qualified to	be a candidate for election to the Office
of(Print Office Sought and Seat Number)	and that I am a registered voter, who
is legally eligible to vote in City Elections. I also dep	pose and say that I currently reside
in the City of Lynn Haven at:(Print	Street Address)
Signatur	e of Candidate