

RESIDENCY AFFIDAVIT

TOWN OF SOUTH PALM BEACH, FLORIDA

STATE OF FLORIDA
COUNTY OF PALM BEACH
TOWN OF SOUTH PALM BEACH

_____ (hereinafter "Affiant"), being first duly sworn,

deposes and says:

1. **My name is** _____.
2. I am offering myself for consideration for appointment for the office of Council-member, of the Town of South Palm Beach, Florida. If appointed, I fully understand that I must maintain an actual and real residence within the Town of South Palm Beach for the duration of my term of office.
3. I am a registered voter and a duly qualified elector of the Town of South Palm Beach, Florida, presently registered to vote in precinct number **6701**.
4. I have resided in the Town of South Palm Beach for a minimum of one year prior to appointment to the council seat for which I ask to be considered.

I presently reside at the following address (*must include zip code*):

which is my legal address, and I have resided continually at said address from the

_____ day of _____, _____ to the present.
Month Year

5. Immediately prior to residing at the above stated address, I have resided at the herein below listed addresses for the cited periods of time:

INSTRUCTIONS: Please list all addresses at which you have resided at during the year prior to the primary election or election to which you intend to seek election.

Prior Addresses

Period of Time

- 6. At the present time, Affiant is not registered to vote in any town, county or state other than as stipulated in subparagraph 3 above.
- 7. Affiant represents that he/she is not currently holding another elective or appointive office, whether state, district, county, or municipal public office, the term of which or any part thereof runs concurrently with that of the office he/she seeks, and that he/she has resigned from any office from which he/she is required to resign pursuant to Florida Statutes § 99.012.

SIGNED THIS _____ DAY OF _____, 2024.
Month

 SIGNATURE OF THE AFFIANT

STATE OF FLORIDA
 COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____ day of _____, 2024, by _____.

 Signature of Notary Public - State of Florida

- Personally Known
- OR
- Produced Identification

 Type of Identification Produced

 Print, Type, or Stamp Commissioned Name of Notary Public