OFFICE QUALIFICATIONS

I, _____ wish to file as a candidate for the office of
(Name of Candidate)

Director of the _____
(Name of District)

Name under which property is owned: _____

Address of Property: _____

Parcel/APN #: _____
Obtain from Property Tax Bill

Official Use Only
Candidates do not complete this section of **form**

State of California)
) ss.
County of Riverside)

CERTIFICATE OF LANDOWNER

This is to certify the above named property owner ***is*** ☐ ***is not*** ☐ owner of the property listed above within the _____ as shown on the last equalized assessment roll of the Assessor of the County of Riverside.

Dated: _____

PETER ALDANA
County Assessor

By: _____
Deputy

Return this form to the Registrar of Voters - 2724 Gateway Drive, Riverside, CA 92507.
The assessor will complete this section.