



Affidavit of Eligibility

My name is (print):

I am aware of the requirements for holding office. I further attest that I am eligible to hold the following office, if elected to this office. I am also aware of the limitations on filing for multiple offices in the same election.

Position (Mayor or Director):

Ward Number: (if any)

Signature of Candidate

Residential Address of Candidate

VERIFICATION

State of Arkansas)

County of Miller)

On this ____ day of _____, 2026, before me, a Notary Public, duly authorized and acting, **personally appeared** _____ (name of Candidate), known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained. In witness whereof I hereunto set my hand and official seal on the date set forth above.

Notary Public

[Notary Seal]

My Commission expires: _____