



### 2020 Address Protection Form

This form allows a candidate to have their residential or mailing address on the Notice of Intent to Gather Signatures form classified as a protected record. By filling out this form, you are agreeing to provide a mailing address or phone number that will be made available to the public below.

Candidate Name
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Mailing Address
-----------------

Telephone Number
------------------

_____ Signature of Filing Officer	_____ Date
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Office of the Lieutenant Governor  
350 N. State Street, Suite 220 – P.O. Box 142325 – Salt Lake City, UT 84114-2325  
Tel: 801-538-1041 Fax: 801-538-1133 Email: [elections@utah.gov](mailto:elections@utah.gov)



## 2020 Notice of Intent to Gather Signatures for Candidacy

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Political Party

\_\_\_\_\_  
Office

\_\_\_\_\_  
District

\_\_\_\_\_  
Physical Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Twitter Handle (optional)

Please read and initial the statements below:

- \_\_\_\_\_ I agree to file all campaign financial disclosure reports, and I understand that failure to do so may result in possible fines and/or criminal penalties.
- \_\_\_\_\_ I understand that the filing officer will not begin verifying my petition signatures until I have submitted a sufficient number of verifiable signatures to meet the signature threshold.
- \_\_\_\_\_ I understand that candidate petition packet submissions are verified in the same order as they are received by the filing officer.
- \_\_\_\_\_ I have provided a valid email, and I understand this will be used for official communications and updates from election officials. If no email is available I have provided a valid physical address.
- \_\_\_\_\_ I understand this form is not a declaration of candidacy and I must declare candidacy, in-person, with the appropriate filing officer during the declaration of candidacy period (March 13, 2020 to March 19, 2020 at 5:00 pm).

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Filing Officer

\_\_\_\_\_  
Date / Time Submitted AM/PM