



North Carolina Petition Request

Request a petition to place a candidate or item on the ballot or to form a political party.

Petitioner information

1

Name of candidate or petition _____
Name of contact person _____
Primary phone _____ Secondary phone _____
Email _____

Residential address

2

Address (not P.O. Box) _____ Unit # _____
City _____ State _____ Zip _____
County _____

Mailing address

3

Same as above
Address or P.O. Box _____ Unit # _____
City _____ State _____ Zip _____
County _____

What is this petition for?

Use this form to request 1 petition type.

For the following petition types, send this form to the NC State Board of Elections

- Multi-county
- Statewide
- District court judge
- Superior court judge
- District attorney

For single county districts and local petitions, send this form to your county board of elections office.

To run as a candidate for office

Office _____ District _____

I am requesting a petition to run as (check 1) an unaffiliated candidate a write-in candidate

Jurisdiction (check 1) Municipal Single county Multi-county Statewide Judicial

To form a new political party

Name of party _____

Other petitions (check 1)

- | | |
|--|---------------------------------------|
| ABC (alcoholic beverage sale) petition | Municipal incorporation or annexation |
| In lieu of paying filing fee | Municipal charter amendment |
| Bond referendum | Repeal of levy |
| School tax | Presidential party nomination |
| Other local petition (please specify type) _____ | |

Petitioner affirmation

Don't forget to check the box.

5

I affirm that:

- I will collect signatures on separate sheets for each county,
- I will submit signed sheets to the relevant county to be checked,
- I will only collect original (not digital) signatures in ink, and
- I will not allow anyone to sign on behalf of someone else.

By checking this box, I confirm that I have read and understand this information.

The information on this form is public record.

This section is for **Board of Elections use only**. Petitioner, do not complete this section.

Signature verification

The county or state will complete this section and return a copy to you.

Number of signatures required (when based on registered voters on a future date, this will be an estimate) _____
Date signatures are due to **county** board of elections for verification _____
Date signatures are due to **State** Board of Elections (if applicable) _____