



2024 Mayor of Dorchester Contest Form

Candidate's Name: _____

Address: _____

City (if other than Dorchester): _____

ZIP: _____ Phone: _____ Email: _____

If residence is other than Dorchester, please state when candidate was resident of
Dorchester: _____

If the candidate is a Dorchester business owner or employer, please state the name and
address of the business:

Name of campaign managers or assistants:

1. _____

2. _____

3. _____

4. _____

Print Name: _____

Signature: _____

Date: _____
