



WEST WINDSOR TOWNSHIP
PETITION REQUEST FORM
November 4, 2025 Election

Name of Candidate as it is to be printed on a ballot (Name should match your voter record):
Home Address (If candidate has a PO Box, we also need the Street Address):
City, State, Zip:
Candidate's Phone Number:
Candidate's Email address (Required by law):
Which petition are you requesting? (Check only one) <input type="checkbox"/> Mayor <input type="checkbox"/> Regular Council 4-year

Please complete a separate form per person.

Submit this form to: **asheehan@westwindsortwp.com**

You will be contacted by the Municipal Clerk once you submit this form.