



Office of the City Clerk
P.O. Box 1293
Albuquerque, NM 87103
Phone (505) 924-3650 Fax (505) 924-3660
www.cabq.gov/clerk

Rehabilitation Request Form

Instructions: Use this form to request the rehabilitation of rejected petition signatures or qualifying contributions. Submit this completed form, along with supporting documentation, to the Office of the City Clerk within **seven (7) days** of receiving notice of rejection.

Part 1: Candidate Name: _____

Part 2: Details of Rejected Signature or Qualifying Contribution

- **Type of Rejection:**
 - Petition Signature
 - Qualifying Contribution
- **Voter/Contributor Name:** _____
- **Address (if applicable):** _____
- **Date Submitted to the City Clerk:** _____
- **Rejection Reason (as provided by the Office of the City Clerk):**
 - Not Legible
 - Not Registered
 - Incomplete
 - Not in Jurisdiction
 - Not Signed
 - Deceased
 - Duplicate
 - Other: _____

Part 3: Supporting Documentation Checklist

Attach the appropriate supporting documents based on the rejection reason: **For**

Clarifying Voter Information:

- Current Voter Registration Information
- Written Attestation by Registered Voter (see Part 5)

For Incompleteness or Missing Signature:

- Copy of the Original Submitted Document (showing completeness)

For Deceased or Duplicate Record Dispute:

- Proof that the Office of the City Clerk determination was made in error

Part 4: Rehabilitation Request Explanation

Please provide a brief explanation of the issue and how it has been resolved. Attach additional pages if necessary. **Explanation:**

Part 5: Voter/Contributor Attestation (if required)

(This section must be completed and signed by the voter/contributor if the issue requires clarification or attestation.)

I, _____, attest that I am a registered voter/contributor and that the information provided on my original signature or qualifying contribution was accurate and complete.

Voter/Contributor Signature

Date

Part 6: Candidate Certification

I, _____, hear by swear or affirm, under penalty of perjury under the laws of the State of New Mexico, that all the information on this form and any attachments is true, correct and complete.

Candidate Signature

Date

For administrative purposes only

Date Received: _____

Approved Denied

Office of the City Clerk
Representative Signature

Date