CANDIDATE FORM

1. Date of Request: 8-15-16
2. Name of Person making the Request: Mayor Troy Ephriam
3. Name of Agency (if applicable): Re Elect Mayor Troy Ephriam 2016
4. Address of Person making the Request: 309 S. Wilson Ave
   Prichard AL 36610
5. Telephone # of Person making the Request: 251-725-0443
6. Name of Candidate: Mayor Troy Ephriam
7. Political Race/Party : City of Prichard.