

# TOWN OF WILLISTON

## CONSENT OF CANDIDATE

I certify that I am presently a legal voter of the Town

(or)

I have applied for addition to the checklist and I am otherwise qualified to be added to the checklist in the Town in which I seek office on or before the date of the election.

I consent to having my name printed on the Town Meeting ballot for the office of \_\_\_\_\_ for a term of \_\_\_\_\_ years.  
*(Name of Office)*

**My name EXACTLY as it is to appear on the ballot:**

\_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Signature of Candidate: \_\_\_\_\_ Date: \_\_\_\_\_

*\*\*This information is public and will be shared with others and the local media if requested*