

# TOWN OF LINCOLN

## CONSENT OF CANDIDATE

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

(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 day of the election.

I consent to having my name printed on the ballot for the office of

\_\_\_\_\_ for a term of \_\_\_\_\_ year(s).

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

\_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_

Mailing address, if different: \_\_\_\_\_

\_\_\_\_\_

Telephone No: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**SIGNATURE of candidate:** \_\_\_\_\_ **Date:** \_\_\_\_\_