



Town of Antrim
66 Main Street PO Box 517
Antrim, NH 03440
Tel: 603.588.6785 Fax: 603.588.2969

FILING FOR TOWN OFFICE

I, _____
(print name)

declare that I am domiciled in the Town of Antrim, and that I am a registered voter therein: that I am a candidate for the office of:

and hereby request that my name be printed on the official non-partisan ballot of the Town of Antrim.

Signature _____

Date _____

Email address: _____

Phone #: _____

This information may be given to the Limrik, Newspapers, etc.