



Town of Weare

15 Flanders Memorial Road

Weare, NH 03281

Phone (603) 529-7527

Fax (603) 529-4554

Declaration of Candidacy for Elective Office

I, _____ declare that I am domiciled in the Town of Weare, in the County of Hillsborough, and State of New Hampshire, and that I am a registered voter therein; that I am a candidate for Election for the office of _____.

For the term of:

(Check one)

_____ 1 year

_____ 3 years

_____ 2 years

_____ 6 years

and that I hereby request that my name be printed on the official nonpartisan ballot of the Town of Weare.

I further declare that if elected to said Office, I will qualify and assume the Duties of said Office.

Signature

Date

Address _____

Telephone # _____ Email _____

Town Clerk Signature _____