PETITION for NOMINATION For SPECIAL TOWN MEETING ELECTION OF OFFICERS AUGUST 13, 2024

STATE OF VERMONT) WINDHAM COUNTY)SS.

| The undersigned legal voters of the | Town of Halifax hereby petition the Town Clerk and |
|---|--|
| other town officers of the Town of Halifax, | County of Windham and State of Vermont that |

(Name of Candidate – Nominee)

Be a nominee for election to the office of

AUDITOR

Name of Office

3 YEARS Terms ends March 2027

(Number of years of term)

At the SPECIAL TOWN MEETING to be held in the Town of Halifax on the 13th day of AUGUST 2024. We certify that we are presently voters of the Town of Halifax.

| SIGNATURE | PRINT NAME HERE | STREET ADDRESS |
|-----------|-----------------|----------------|
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The deadline for filing this form in the Town Clerk's Office is 5:00 PM on Monday, July 8, 2024. A voter can sign only one petition for each office unless more than one nomination for that office is to be made, in which case the voter may sign as many petitions as there are nominations to be made. SIGNATURES OF SIX VOTERS ARE REQUIRED FOR NOMINATION (one percent of the legal voters of the town).

CONSENT of CANDIDATE HALIFAX SPECIAL TOWN MEETING ELECTION of OFFICERS 17 V.S.A. 2681(a)(2)

AUGUST 13, 2024

Deadline to file Consent of Candidate form is Monday, July 8, 2024 by 5:00 p.m.

The filing deadline for the CONSENT OF CANDIDATE form is no later than 5PM on the 6th Monday preceding the day of the election (Monday, July 8, 2024).

This consent form, used by local election officials to determine the form of a candidate's name, its spelling and the use of any initials or nicknames for the ballot. Please complete this form carefully, using the exact form of your name as you want it to appear on the ballot. You may include a nickname, but you may not include a title.

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

AUDITOR (Name of Office)

3 YEARS, TERM ENDS ON MARCH 2027

(Term of Office # of years)

(you cannot choose the number of years you wish to run for. Each office has a predetermined number of elected years. If you are unsure of the number of years, contact the Town Office.)

| | (Name of Candidate) |
|--------|-------------------------|
| | (Town of Residence) |
| (Date) | (Signature of Candidate |
| | (Mailing Address) |
| | |
| | (Telephone Number) |

The Town Clerks office will be open until 5:00 on Monday, July 8, 2024 for any outstanding consent forms needing to be submitted.

PETITION for NOMINATION For SPECIAL TOWN MEETING **ELECTION OF OFFICERS** AUGUST 13, 2024

STATE OF VERMONT)

| WINDHAM COUNTY |)SS. | |
|----------------|--|----------------|
| | l legal voters of the Town of Halifax hereby pet ne Town of Halifax, County of Windham and St | |
| | (Name of Candidate – Nominee) | |
| | Be a nominee for election to the office of | |
| | AUDITOR Name of Office | |
| _2 | 2 YEARS Remainder of term ends March 202 | 26 |
| | (Number of years of term) | |
| | N MEETING to be held in the Town of Halifax ertify that we are presently voters of the Town o | |
| SIGNATURE | PRINT NAME HERE | STREET ADDRESS |
| | | |
| 935 | | |
| | | |
| | | |

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

| | AUDITOR |
|--------------------|--|
| | (Name of Office) |
| (you cannot choose | EMAINDER OF TERM ENDS ON MARCH 2026 (Term of Office # of years) the number of years you wish to run for. Each office has a f elected years. If you are unsure of the number of years, contact the Town Office.) |
| My name as I w | vish it to appear on the ballot is as follows: (please print clearly) |
| | (Name of Candidate) |
| | (Town of Residence) |
| (Date) | (Signature of Candidate |
| | (Mailing Address) |
| | |
| | (Telephone Number) |

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STATE OF VERMONT) WINDHAM COUNTY)SS

| The undersign | ned legal voters of the Town of Halifax hereby pet | ition the Town Clerk and |
|---------------|--|--------------------------|
| - | f the Town of Halifax, County of Windham and St | |
| | (Name of Candidate – Nominee) | - |
| | Be a nominee for election to the office of | |
| | AUDITOR Name of Office | |
| | 1 YEAR Remainder of term ends March 202 | 5 |
| | (Number of years of term) | |
| | WN MEETING to be held in the Town of Halifax certify that we are presently voters of the Town of | • |
| SIGNATURE | PRINT NAME HERE | STREET ADDRESS |
| | | |
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I consent to having my name printed on the ballot for the office of:

| | AUDITOR |
|------------|---|
| | (Name of Office) |
| 1 YEAR, | REMAINDER OF TERM ENDS ON MARCH 2025 |
| | (Term of Office # of years) se the number of years you wish to run for. Each office has a of elected years. If you are unsure of the number of years, contact the Town Office.) |
| My name as | wish it to appear on the ballot is as follows: (please print clearly) |
| ~ | (Name of Candidate) |
| | (Town of Residence) |
| (Date) | (Signature of Candidate |
| | (Mailing Address) |
| | |
| | (Telephone Number) |

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