

*Town of Hill
30 Crescent Street
Hill, New Hampshire 03235*

**Phone (603) 934-2245 *Fax (603) 934-3462*

APPLICATION FOR SCHOOL DISTRICT OFFICE

Date: _____

Name: _____

Resident of the Town of Hill: _____

Address: _____

Street/Rural Route

City/Town

Zip Code

Telephone Number: _____

Home

Work

Fax/Cell

I, _____, declare that I am domiciled in the Town of Hill, 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 Hill.

Signature of Applicant: _____

Received: *Time:* _____

Date: _____

By: _____, *School District Clerk*
or Town Clerk