

CONSENT OF CANDIDATE  
LOCAL ELECTION  
17 V.S.A. § 2681(a)

2026

**PETITIONS OF NOMINATION & CONSENT OF CANDIDATE FORMS ARE DUE  
TO THE HIGHGATE TOWN CLERK BY 5PM ON MONDAY, JANUARY 26, 2026**

This consent form is used by election officials to determine the form of a candidate's name, its spelling and use of initials or nicknames for the ballot. Please complete this form carefully, using the exact form of your name as you want to appear on the ballot. You may include a nickname, but you may not include a title. (For example, Rick "Speedy" Driver is o.k., but you cannot use Dr. Rick Driver)

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

**CEMETERY COMMISSIONER for FIVE YEAR TERM**  
(Office and Term Length)

**Highgate, Vermont**  
(Name of town or city)

**My name, exactly as I wish it to appear on the ballot:**

**Name:** \_\_\_\_\_

**Town of Residence: Highgate, Vermont**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Town, State, Zip

\_\_\_\_\_  
Daytime Telephone Number

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

**LIBRARY TRUSTEE for FOUR YEARS REMAINING ON A FIVE-YEAR TERM**  
(Office and Term Length)

**Highgate, Vermont**  
(Name of town or city)

**My name, exactly as I wish it to appear on the ballot:**

**Name:** \_\_\_\_\_

**Town of Residence: Highgate, Vermont**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Mailing Address

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

**LIBRARY TRUSTEE for FIVE YEAR TERM**  
(Office and Term Length)

**Highgate, Vermont**  
(Name of town or city)

**My name, exactly as I wish it to appear on the ballot:**

**Name:** \_\_\_\_\_

**Town of Residence: Highgate, Vermont**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Candidate

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

TOWN MODERATOR for ONE YEAR TERM (ENSUING YEAR)  
(Office and Term Length)

Highgate, Vermont  
(Name of town or city)

**My name, exactly as I wish it to appear on the ballot:**

**Name:** \_\_\_\_\_

**Town of Residence:** Highgate, Vermont

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Mailing Address

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

**TOWN SELECTBOARD MEMBER for TWO YEARS REMAINING ON A  
THREE-YEAR TERM**

(Office and Term Length)

**Highgate, Vermont**

(Name of town or city)

**My name, exactly as I wish it to appear on the ballot:**

**Name:** \_\_\_\_\_

**Town of Residence: Highgate, Vermont**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Town, State, Zip

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

**TOWN SELECTBOARD MEMBER for THREE YEAR TERM**  
(Office and Term Length)

**Highgate, Vermont**  
(Name of town or city)

**My name, exactly as I wish it to appear on the ballot:**

**Name:** \_\_\_\_\_

**Town of Residence: Highgate, Vermont**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Mailing Address

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

**TOWN CLERK for THREE YEAR TERM**  
(Office and Term Length)

**Highgate, Vermont**  
(Name of town or city)

**My name, exactly as I wish it to appear on the ballot:**

**Name:** \_\_\_\_\_

**Town of Residence: Highgate, Vermont**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Town, State, Zip

\_\_\_\_\_  
Daytime Telephone Number