

TOWN OF BEAVER COVE
Candidate Information Sheet

Candidate printed Name: _____

Residence address: _____

Contact Telephone Number: _____

Candidate for Office to be held: _____

Are you a registered Voter in the Town of Beaver Cove? Yes ___ No ___

Any background information you feel voters should know about you:

Why do you wish to run for this position?

Received by Town Clerk: _____ Date: _____