TO THE BOARD OF SELECTMEN:

We, the undersigned, are qualified voters of the Town of Templeton and request the subject below be acted upon at the Annual Town Meeting, which will be held, May 11, 2022.

	CHECK	I SIGNATURES to be made in person with name substantially as registered (except in case of physical disability as stated above)	II NOW REGISTERED AT (street, number and apartment number, if any) (town will be the same as stated above)	PRECINCT
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

ATTENTION VOTERS: Before signing, read signer information on other side.

_____
candidate

ATTENTION REGISTRARS: Before certifying signatures, see Instructions to Registrars below.

_____
office

	CHECK	I SIGNATURES to be made in person with name substantially as registered (except in case of physical disability as stated above)	II NOW REGISTERED AT (street, number and apartment number, if any) (town will be the same as stated above)	PRECINCT
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				

WARNING – criminal penalty for unlawfully signing, altering, defacing, mutilating, destroying or suppressing this petition: fine of up to $1,000 or imprisonment for up to one year.

REGISTRAR INFORMATION

INSTRUCTIONS TO REGISTRARS
- You must time-stamp or write in date and time these papers are received.
- Fill in and sign Certificate of Registration **on at least one of the candidate's papers.**
- Check thus ✓ against the name of each qualified voter to be certified. For names not certified use the following code. Draw a line through any blank spaces not containing signatures.

  N - no such registered voter at that address, or address is illegible

  S - unable to identify signature as that of voter because of form of signature, or signature is illegible

  T - already signed nomination papers for this candidate

CANDIDATE CERTIFICATE OF REGISTRATION
We hereby certify that the above named candidate is a registered voter of this town.

_____ 20 _____

_____

_____

_____

Registrars of Voters of _____
Town

CERTIFICATION OF NAMES

At least three registrars' names must be signed or stamped below.

_____

_____

_____

_____
month and day

We certify that _____
number of names certified – use numbers and words

above signatures checked thus ✓ are the names of qualified voters from this town.

Registrars of Voters of

_____
Town