



OFFICE OF SERGEANT-AT-ARMS

APPLICATION FOR LEGISLATIVE PAGE

**Please complete and return this form, your letter, and letter of permission from
your Principal**

Post Marked on or before FRIDAY, SEPTEMBER 30, 2016

Applicant's Name _____

Mailing Address _____

Legal Town of
Residence _____

**Parents or
Guardian** _____

Mailing Address _____

Telephone # _____

We the undersigned have read the conditions and agree to abide by them:

**Applicant's
signature** _____

**Parent's/Guardian's
signature** _____

**Mail completed applications to:
Sergeant at Arms Office
State House
115 State Street
Montpelier, VT 05633**