

# Town of Dagsboro

33134 Main Street  
P.O. Box 420  
Dagsboro, Delaware 19939  
Phone (302) 732-3777  
Fax (302) 732-3907

## Candidate Filing Form

Date \_\_\_\_\_

I, \_\_\_\_\_, residing at the following address  
Please print name as it is to appear on the ballot

House #                      Street    City    Zip Code

\_\_\_\_\_  
Mailing address if different from home address

hereby file as a candidate of \_\_\_\_\_ for the office  
Municipality

of \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_  
Sign your full legal name

\_\_\_\_\_  
Telephone Number (optional)

\_\_\_\_\_  
E-mail Address (optional)

\_\_\_\_\_  
Web Page Address (optional)

Form must be notarized if it is not completed in the office. Candidate Filing Forms are considered Public Information under the Freedom of Information Act.

### For Office Use Only

Date Received \_\_\_\_\_

Received by \_\_\_\_\_

### Notary Information

Subscribed and sworn to before me on the following date:

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Date