

*Town of Dagsboro*

*33134 Main Street*

*PO Box 420*

*Dagsboro, Delaware 19939*

*Phone (302) 732-3777 Fax (302) 732-3907*

**CERTIFICATION AND AFFIDAVIT**

**STATE OF DELAWARE :**  
:  
**COUNTY OF SUSSEX :**            **SS**

**BE IT REMEMBERED**, that on this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_, personally appeared before me, the Subscriber, a Notary Public for the State and County aforesaid, the undersigned, known to me personally to be such, who being duly sworn according to law did depose and say that:

1. I am a partner/officer of \_\_\_\_\_ (name of entity).
2. The document to which this Certification and Affidavit is attached is a true and correct statement of my authority to cast this vote at the annual municipal election of the Town of Dagsboro.

\_\_\_\_\_

SWORN TO and SUBSCRIBED before me the day and year aforesaid.

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

\_\_\_\_\_  
Type or Print Name of Notary

Commission Expires: \_\_\_\_\_