

TOWN OF DAGSBORO

33134 Main Street
P.O. Box 420
Dagsboro, DE 19939

302-732-3777

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

E-mail Address

Web Page Address (optional)

Witness

Witness

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