

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 the Town of Dagsboro for the office of _____

Date of Birth _____

Sign your full legal name

Telephone Number

E-mail Address

Web Page Address (optional)

Witness (Please Print & Sign Name)

Witness (Please Print & Sign Name)

Form must be signed by two witnesses who are eligible voters in the Town of Dagsboro's Municipal Election. Form must be notarized. 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