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 :
: **ss**
COUNTY OF SUSSEX :

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:_____