



Town of Ellendale

CANDIDATE FILING FORM

Date: _____

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

_____ Ellendale, Delaware 19941
House number Street

_____ *Mailing address (if different from home address)*

_____ *Email address Phone number*

Date of birth _____

Hereby file as a candidate of The Town of Ellendale for the office of: _____

I affirm that:

1. I am at least twenty-one (21) years of age.
2. I have not been convicted of any crime or misdemeanor other than traffic-related offenses.

Sign your full legal name

Form must be notarized. Candidate Filing Forms are considered Public Notice Information under the Freedom of Information Act (FOIA).

Notary Information

Subscribed and sworn to before me on the following date:

Notary

Date

For Office Use: _____
Received by

Date Received