Town of Ellendale

Town of Ellendale Resident Contact Information

Name:_____

Address:_____

Home Phone: _____

Mobile: _____

Email Address:_____

Military Veteran: ☐YES ☐NO

☐Yes, I would like to receive the Town Newsletter electronically via email.

This information will allow us to update our records and enable electronic services such as the Town Newsletter, electronic invoicing, and access to the online payment portal. All information provided is confidential and will not be shared outside of our office.

Please complete and return this form at your earliest convenience. You may return it by U.S. mail, email it to **townclerk@ellendale.delaware.gov**, or drop it off at the Town Office. If the office is closed, a secure lock box is located on the front door for your convenience.

SIGNATURE:_____

DATE:_____

P.O. Box 6
300 McCaulley Ave
Ellendale, DE 19941

P: 302-422-6727
Email: Townclerk@ellendale.delaware.gov