

Town of Bridgeville

Municipal Candidate Form

Filing Date: _____ Municipal Election 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

Date of Birth

hereby file as a candidate of _____ for the Office

Municipality

of _____ for the _____ Election District.

Office Title

Number

Email Address

Phone Number/Cell Phone

Please submit a Copy of your Delaware State Driver's License

Candidate will be responsible for any fees incurred by the Town in connection with his/her candidacy.

Candidate Qualifications / Requirements

(Please review & mark each true statement)

- | | |
|---|--|
| <input type="checkbox"/> U.S. Citizen and at least 21 years of age on or before date of Election. | <input type="checkbox"/> Qualified Voter in the State of Delaware. |
| <input type="checkbox"/> Bridgeville Resident for at least one year immediately preceding date of Election. | <input type="checkbox"/> Never convicted of a felony. |
| <input type="checkbox"/> Live within the Election Voting District you wish to represent. | <input type="checkbox"/> File a written letter of intent to be a candidate with the Commission President or Secretary by the February 2, 2024 candidate filing deadline. |
| <input type="checkbox"/> Qualified Voter in Bridgeville at least one year prior to date of Election. | |

Signature, Full Legal Name

Date

Notary Information

Subscribed and sworn to before me on the following date:

Notary Public Signature

Date

For Office Use Only

Received by: _____ Date: _____ Time: _____ Copy to Candidate: ☐