

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 January 31, 2025 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: