



Candidate Filing Instructions

1. Candidates must complete the attached Candidate Filing Form attesting that they meet all the qualifications for the office of Town Council in the Town of Slaughter Beach.

To be an eligible candidate for Town Council you must:

- be 21 years of age or older
 - never have been convicted of a felony or any crime involving moral turpitude
 - have been a citizen of the United States since July 4, 2014 and since June 4, 2014 have been either domiciled in Slaughter Beach or a freeholder (property holder) in Slaughter Beach
2. Within 7 days of filing the Candidate Filing Form, you are required by the State Election Commissioner's Office to complete a Certificate of Intention online and to print and mail the completed form to the Office of the State Election Commissioner. A Certificate of Intention can be found at <https://cfrs.elections.delaware.gov>. You can follow the instructions online to complete this form. Failure to file the Certificate of Intention with the State may result in your being deemed ineligible to run for office.



CANDIDATE Filing Form

Date _____

I, _____,
Please print name as it is to appear on the ballot

attest that I meet all the qualifications to run for office with the Town Council of the Town of Slaughter Beach. I qualify as a Town Council Candidate by virtue of being domiciled at, or being a property owner of, the following address:

<i>House #</i>	<i>Street</i>	<i>City</i>	<i>Zip Code</i>
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Mailing address if different from Slaughter Beach Address)

I do hereby file as a candidate in Town of Slaughter Beach *for the Office*
Municipality
of Council Person Date of Birth _____

Sign your full legal name _____
Telephone number (optional)

Secondary Telephone Number (optional) _____
E-mail Address (Optional)

Form must be witnessed by two people who can attest that you are eligible to run for Office with in the Town of Slaughter Beach. Candidate Filing Forms are considered Public Information under the Freedom of Information Act.

WITNESS #1

Signature

Print Name

WITNESS #2

Signature

Print Name

FOR OFFICE USE ONLY
Date _____
Received _____
Time _____
Received by _____