CANDIDATE FILING FORM

Date ______________________________

I, ____________________________________________, residing at the following address

Please print name as it is to appear on the ballot

<table>
<thead>
<tr>
<th>House #</th>
<th>Street</th>
<th>City</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

Mailing address if different from home address

hereby file as a candidate of _______________ Town of Slaughter Beach ________________________ for the Office

of _______________ Town Council ___________________ Date of Birth ________________________

________________________________________________  ______________________________
Sign your full legal name  Telephone

number (optional)

E-mail Address (Optional)  Web Page Address (Optional)

Form must be notarized if it is not completed in the office. Candidate Filing Forms are considered Public
Information under the Freedom of Information Act.

Notary Information
Subscribed and sworn to before me on the following date

________________________________________________  ______________________________
Notary Public Signature  Date

For Office Use Only
Date Received __________________________
Received by ____________________________

Slaughter Beach – The Jewel of the Delaware Bay
357 Bay Avenue, Slaughter Beach, Delaware 19963 Telephone: (302) 424-7659