

**CANDIDATE FILING FORM**

Date \_\_\_\_\_

I, \_\_\_\_\_, residing at the following address  
*Please print name as it is to appear on the ballot*

House #	Street	City	Zip Code
<i>Mailing address if different from home address</i>			

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.

**For Office Use Only**

Date Received \_\_\_\_\_

Received by \_\_\_\_\_

**Notary Information**

Subscribed and sworn to before me on the following date

\_\_\_\_\_

**Notary Public Signature**

\_\_\_\_\_

**Date**

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