



TOWN OF MILLVILLE

APPLICATION FOR TOWN COUNCIL MEMBER

DATE: _____

NAME OF APPLICANT: _____

HOME ADDRESS: _____

HOME TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

QUALIFICATIONS FOR TOWN COUNCIL MEMBER:

1. BONA FIDE RESIDENT OF THE UNITED STATES
2. RESIDENT OF THE STATE OF DELAWARE
3. RESIDENT OF THE TOWN OF MILLVILLE FOR AT LEAST NINETY (90) DAYS**
4. AT LEAST TWENTY-ONE (21) YEARS OF AGE

****MUST PROVIDE PROOF OF RESIDENCY FOR AT LEAST 90 DAYS BY (1) CURRENT DRIVER'S LICENSE OR (2) UTILITY BILL.**

Filing Fee: \$100.00

SIGNATURE OF APPLICANT _____

DATE FILED _____

NOTE: 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 (FOIA).

(OFFICE USE ONLY)

For Office Use Only

Date Received by Mail/Hand:

Received by:

NOTARY INFORMATION

Subscribed and sworn to before me on the following date:

Notary Public Signature

Date