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CANDIDATE FILING FORM

Date	Date of Birth
I,(Please print name as you	would like it to appear on ballot), residing at the following address
House # Stree	City Zip Code
	ag address if different from home address Town of Millville for the office of Town Council
Print full legal name Telephone	Signature E-mail
Check box to consent to req	aired background check for candidacy. \square Yes No
	e notarized if it is not completed in the office. Candidate Filing Formation under the Freedom of Information Act.
For Office Use Only ecceived:	NOTARY INFORMATION Subscribed and sworn to before me on the following date
red by:	Notary Public Signature
No	Date