



The Town of
Millville
a beautiful way of life

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Millville, DE 19967
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CANDIDATE FILING FORM

Date _____

Date of Birth _____

I, _____, residing at the following address
(Please print name as you would like it to appear on ballot)

House # _____ Street _____ City _____ Zip Code _____

Mailing address if different from home address

hereby file as a candidate for the **Town of Millville** for the office of **Town Council**.

Print full legal name

Signature

Telephone

E-mail

Check box to consent to required background check for candidacy.

Yes

No

Please note, the 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: _____

Fee Received: _____

Check No. _____

NOTARY INFORMATION

Subscribed and sworn to before me on the following date

Notary Public Signature

Date