



The Town of  
**Millville**  
*a beautiful way of life*

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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: \_\_\_\_\_

*All Filing Fees waived effective Jan. 2025*

### NOTARY INFORMATION

Subscribed and sworn to before me on the following date

\_\_\_\_\_  
*Notary Public Signature*

\_\_\_\_\_  
*Date*