

The City of Lewes



CANDIDATE FILING FORM

Date of filing: _____

I. _____
Please print name as it is to appear on the ballot

reside at the following address within the corporate city boundaries of the City of Lewes:

_____ Lewes, Delaware 19958

hereby file as a candidate of the City of Lewes for the Office of:

Councilperson

Mayor

Check only one box

Date of Birth: _____

Years residing at the above address: _____

**I attest that I have never been convicted of a felony crime,
I am a bona fide citizen of the United States and the State of Delaware
I have been a full-time resident of the City of Lewes for at least one year
I am at least 21 years of age
& the above information is true and accurate.**

Sign your full legal name

Telephone Number

Email Address

Web Page Address (Optional)

**If it is not completed at the Lewes City Manager's Office, this form must be notarized.
Candidate Filing Forms are considered Public Information under the Freedom of Information Act.**

FOR OFFICE USE ONLY:

Date Received: _____

Received by: _____

NOTARY INFORMATION (if required):

Subscribed & Sworn before me on the following date:

Notary Public Signature

Date