



CANDIDATE FILING FORM

Date: _____

I, _____, residing at the following address:
Please print name as it is to appear on the ballot

_____ Newport, DE 19804,
Street

hereby file as a candidate for the Office of Commissioner for a term of:

Two Years _____

Full Legal Name: _____

Date of Birth: _____

Number of Years residing in Town: _____

Telephone Number: _____

Email Address: _____

Are you registered to vote in the state of Delaware? _____

I hereby attest that I am a qualified voter of the Town of Newport who is at least 21 years of age, who is a United States citizen, who has not been convicted of a crime considered to be a felony in Delaware, and who has resided in Newport for at least two years.

Candidate Signature

Date

You are required to obtain a personal background check. The cost is \$72.00. The fee will be reimbursed to you if you are elected to council and you have a favorable background check. Please go to www.identogo.com to schedule an appointment at a location convenient to you. Use code **27RVGT**

This form must be notarized. Candidate Filing Forms are considered public information under the Freedom of Information Act.

Subscribed and sworn to me on the _____ day of _____,
20____.

Notary Public Signature