**Town of Felton**

**CANDIDATE FILING FORM**

Date ____________________________

I, ___________________________________________________________ , residing at the following address

*Please print name as it is to appear on the ballot*

<table>
<thead>
<tr>
<th>House #</th>
<th>Street</th>
<th>City</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

________________________________________________________________________________________

*Mailing address if different from home address*

hereby file as a candidate of _________________________________ for the Office

*Municipality*

of _________________________________ Date of Birth________________________

________________________________________

*Sign your full legal name  Telephone number (optional)*

________________________________________

*E-mail Address (Optional)  Web Page Address (Optional)*

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.

Received:

Date ____________________________

Name ______________________________________ SEAL

Title ________________________________