Town of Milton
115 Federal Street
Milton, DE 19968

www.milton.delaware.gov
Phone: 302-684-4110
Fax: 302-684-8999

CANDIDATE FILING FORM

I, _____, residing at the following address

_____
House # *Street* *City* *Zip Code*

hereby file as a candidate of the Town of Milton for the Office of _____.

Date of Birth: _____

Mailing Address, if different than above: _____

Telephone Number: _____

Email Address: _____

Form must be notarized. The Candidate Filing Form is Public Information under the Freedom of Information Act.

In addition to signing this Form, I acknowledge that I must complete an online Certificate of Intention or Statement of Organization with the State of Delaware, Office of the Election Commissioner, Campaign Finance Section within 7 days of the signing of the Candidate Filing Form. Once complete, a copy of the Certificate of Intention or Statement of Organization must be submitted to the Town Clerk.

Sign your full legal name: _____

Notary Information:
Subscribed and sworn to before me on _____day of _____ 20_____:

_____
Notary Public Signature

For Office Use Only: Date Received: _____Received by: _____