CANDIDATE FILING FORM AND

NOMINEES CERTIFICATION OF ELIGIBILITY TO SERVE

ON THE TOWN COUNCIL OF FENWICK ISLAND, DELAWARE

Applicant's Phone Number: _____

Applicant's Email Address: _____

Fill out statement (1) or (2) below, *whichever is applicable to you*.

(1) RESIDENT:

I, _____(NAME),

of _____
(ADDRESS),

a nominee for election to the Town Council of Fenwick Island, hereby state that I am a natural person, a citizen of the United States, a resident of the Town of Fenwick Island, Delaware, since _____(DATE), and am or will be twenty-one (21) years of age on or before the date of the election, I have no other voting residency for municipal elections and that I have been qualified to vote in the Town of Fenwick Island, Delaware for at least one year prior to the election for which I am nominated. I am registered to vote pursuant to Town regulations

(2) NON-RESIDENT PROPERTY OWNER:

I, _____(NAME),

Of _____
(ADDRESS),

a nominee for election to the Town Council of Fenwick Island, hereby state that I am a natural person, a citizen of the United States, a property owner in the Town of Fenwick

Island, Delaware, and am or will be twenty-one (21) years of age on or before the date of the election, and that I have been qualified to vote in the Town of Fenwick Island, Delaware for at least one year prior to the election for which I am nominated. I am a freeholder of property located in the town of Fenwick Island, Delaware, as shown on Map No. _____, Parcel No. _____ and Lot #(s) _____ in the latest Sussex County Assessment Office. I am registered to vote pursuant to Town regulations.

Signed and certified on this the _____ day of _____, 20____.

_____
(Signature of nominee)

State of _____

County of _____

Be it remembered, that on the day and year aforesaid _____, personally appeared before me, a Notary Public of the aforesaid State and County, and acknowledged that the above signature was his/her act and deed.

_____ (seal)
(Notary Public)

My Commission expires _____