



**TOWN OF LAUREL
CANDIDATE FILING FORM**

Date _____

I, _____, residing at the
Please type of print your correct and proper name

following address _____
House # Street City Zip Code

Mailing address if different from home address

Hereby file as a candidate for the Office of _____ Ward # _____

Signature

Date

E-Mail Address (Optional)

Telephone number(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.

Notary Information

Subscribed and sworn before me on the following date:

Notary Public Signature

Date

For Office Use Only
_____ Please print name as it will appear on ballot
Date Received _____
Received by _____

Town Manager

Date

Inspector

Date

<https://cfrs.elections.delaware.gov/> Please be sure to go this website and fill out required Department of Election Certification of Intention.