

Voter Registration Form

Board of Public Works (Lewes BPW)

Date:			
Last Name:	First Name:	Middle Name or	Initial :
Mailing Address:			
Lewes Property Address:			
Nonresident length of ownersh	ip:		
Length of residence in Lewes: _			
Date of Birth:	_ Birth Place:	Naturalization:	
Drivers License Number and Sta	ate:		
Phone number:	Email address:		
I hereby swear or affirm that: I am a citizen of the United I will be 18 years old on or l All the information about n	before the date of the nex		dge.
_		Witness Signature e mark witnessed by another person.	

If submitting your registration electronically or by mail, you must include a copy of your driver's license or valid identification. (scan, picture or copy) Electronic submissions can be sent to election@lewesbpwde.gov.