



107 Franklin Ave, Lewes, DE 19958  
302-645-6228

# 2024 CANDIDATE FILING FORM

Date of Filing: \_\_\_\_\_

I, \_\_\_\_\_  
*Please print name as it is to appear on the ballot.*

reside at the following address within the corporate city boundaries of the City of Lewes:

\_\_\_\_\_ Lewes, Delaware 19958

Hereby file as a candidate for the Board of Public Works of the City of Lewes for the Office of Director of the Board.

Date of Birth: \_\_\_\_\_

Years residing at the above address: \_\_\_\_\_

**I attest that I have never been convicted of a felony crime,  
I am a bona fide citizen of the United States and of the State of Delaware.  
I have been a full-time resident of the City of Lewes for at least one year.  
I am at least 21 years of age.  
and the above information is true and accurate.**

\_\_\_\_\_  
Sign your full legal name

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Web Page Address (Optional)

**This form must be notarized if it is not completed at The Lewes Board of Public Works Office.  
Candidate Filing forms are considered Public Information under the Freedom of Information Act**

**FOR OFFICE USE ONLY:**

Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

**Notary Information (if required):**

Subscribed & Sworn before me on the following date:

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Date