



**BELLEFONTE TOWN COMMISSIONERS**  
**901 A ROSEDALE AVENUE**  
**BELLEFONTE, DE 19809**

**CANDIDATE FILING FORM**

Date \_\_\_\_\_

I, \_\_\_\_\_, residing at the following address  
*Please print name as it is to appear on the ballot*

\_\_\_\_\_  
*House #                      Street    City    Zip Code*

\_\_\_\_\_  
*Mailing address if different from home address*

hereby file as a candidate of the Town of Bellefonte for the Office

of \_\_\_\_\_

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

\_\_\_\_\_  
*Telephone number (optional)*

\_\_\_\_\_  
*E-mail Address (Optional)*

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

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**For Office Use Only**

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

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