



BELLEFONTE TOWN COMMISSIONERS
901 A ROSEDALE AVENUE
BELLEFONTE, DE 19809

CANDIDATE FILING FORM

Date _____

_____, 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)

For Office Use Only

Date Received _____

Received by _____