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VOTER APPLICATION FOR MUNICIPAL ELECTION

Are you a U.S. Citizen? YES ___ No ___

(If you check "No" to this question, do not complete this form. If you do not answer this question, the application will not be processed.)

Driver's License or ID Number: _____

Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____

Middle Name or Initial: _____ Suffix: _____

Address: _____

Eligible Address to Vote in City of Seaford Municipal Election: *(If different than address above)*

I hereby swear or affirm that I am a citizen of the United States, I am a resident or property owner of the City of Seaford at the address given above, that I am or will be 18 years of age on or before Election day and all information given above that was provided by me is true and correct to the best of my knowledge. I hereby authorize City staff to place my name in the Book of Registered Voters located at City Hall.

Signature of Applicant: _____

(For Office Use Only)

Signature of Agency Representative: _____

Date Name placed in the Book of Registered Voters: _____

Book Page Number: _____

The Perfect Place to Start.