



414 High Street | PO BOX 1100  
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302.629.9173  
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## City of Seaford - Notice of Candidacy

Notice is hereby given that I will be a candidate for the Office of:

**Mayor - Two (2) Year Term**

☐

**Councilmember - Three (3) Year Term**

☐

for the City of Seaford for the Election to be held \_\_\_\_\_, \_\_\_\_\_,  
Month Day Year

I certify the following:

(1) A bona fide citizen of the United States and of the State of Delaware and a resident of the City of Seaford for at least one (1) year next preceding the annual election; provided, however, that no full-time employee of the City of Seaford shall serve as Mayor or City Councilperson during such time as he/she is a full-time employee of the City of Seaford; and

(2) At least eighteen (18) years of age; and

(3) A non-delinquent taxpayer of all capitation and property taxes of the City of Seaford for at least one (1) year next preceding the annual election.  
65 Del. Laws, c. 249

(4) Shall not have been convicted of a felony.

(5) That I will ensure this form is filed with the City Manager (or authorized designee) on or before the close of business on the Last Friday in February in the year of the annual election, per Section 5(c) of the City of Seaford Charter.

(6) That I will contact the State of Delaware Office of Campaign Financing to complete all of the proper paperwork no later than 7 days after declaring candidacy at (302) 739-4277.

**\*\* Attention: This form must be received and executed by the City of Seaford City Manager or Authorized Designee(s). Designees include: The Acting City Manager, Director of Economic Development & Community Relations, or the City Clerk. \*\***

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Printed Name

(Print name as it will appear on ballot)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail

### FOR OFFICE USE ONLY

\_\_\_\_\_  
Signature of Acceptance

\_\_\_\_\_  
Printed Name/Title

\_\_\_\_\_  
Date

*The Perfect Place to Start.*