



VOTER REGISTRATION FORM

This form must be signed and returned to Town Hall in-person or by mail along with supporting documentation at least 30 days prior to the annual municipal election.

LAST NAME: _____ SUFFIX: _____

FIRST NAME: _____ MIDDLE INITIAL: _____

BIRTHDATE (mm/dd/yyyy) : ____ / ____ / _____

HENLOPEN ACRES ADDRESS: _____

MAILING ADDRESS: _____
(IF DIFFERENT)

PHONE: _____ EMAIL: _____

PROOF OF IDENTITY: Driver's License: _____
State and ID Number

Other: _____

I AM REGISTERING AS (SELECT ONE):

RESIDENT Date Residency Established: ____ / ____ / _____

Proof of Residency: Driver's License Other: _____

NONRESIDENT PROPERTY OWNER

Authority to Vote: INDIVIDUAL ENTITY* (LLC, TRUST, ETC.)

Entity Name (if applicable): _____

Date Ownership Established: ____ / ____ / _____

Proof of Ownership: Deed Other: _____

*Requires additional form

I certify that the information I have provided is true and correct to the best of my knowledge under penalty of perjury. If I have provided false information, I may be fined and/or imprisoned.

Signature of Voter

Date

Town Use Only

Approved By

Date