



Voter Registration Form
Board of Public Works (Lewes BPW)

Date: _____

Last Name: _____ First Name: _____ Middle Name or Initial : _____

Mailing Address: _____

Lewes Property Address: _____

Nonresident length of ownership: _____

Length of residence in Lewes: _____

Date of Birth: _____ Birth Place: _____ Naturalization: _____

Drivers License Number and State: _____

Phone number: _____ Email address: _____

I hereby swear or affirm that:

I am a citizen of the United States and am a customer of the Lewes BPW.

I will be 18 years old on or before the date of the next Lewes BPW election.

All the information about me on this form is true and correct to the best of my knowledge.

Signature of Applicant or Mark

Date

Witness Signature

Date

(If you are unable to sign, you must make a mark and have the mark witnessed by another person.)

If submitting your registration electronically or by mail, you must include a copy of your driver's license or valid identification. (scan, picture or copy) Electronic submissions can be sent to election@lewesbpw.com.