

Application To Become An Elector In The Borough Of Fenwick

Name _____ Date _____

Fenwick Address _____

Home Address _____

Phone: _____ Email: _____

I herewith apply for the status of ELECTOR in the Borough of Fenwick.

I qualify because: (Please check)

- 1) ____ I am a resident of Fenwick and a registered voter in the Town of Old Saybrook.
- 2) ____ I own real property in the Borough of Fenwick, I am at least 18 years old and a citizen of the United States.
- 3) ____ I am the beneficiary of a trust that owns real property in the Borough of Fenwick, I am at least 18 years old, I am a citizen of the United States and I have resided in the Borough of Fenwick for two months during a calendar year.
- 4) ____ I am a member of a Connecticut Limited Liability Company that owns real property in the Borough of Fenwick, I am at least 18 years old, I am a citizen of the United States and I have resided in the Borough of Fenwick for two months during a calendar year.

Applicant's Signature _____ Date _____

If applying as the beneficiary of a trust, the Trustee must attest in writing to your beneficiary status.

Trustee's Attestation Signature _____

Name of Trustee _____

Approved by the Clerk _____ Date _____

Rejected by the Clerk _____ Date _____

Signature of the Clerk _____