

DAUFUSKIE ISLAND COUNCIL

2025 Candidate Application Form

Name: _____

Address: _____

Telephone: _____

Email: _____

Are you currently a full-time resident of Daufuskie Island and, if so, how long? _____

Are you at least 18 years old? Yes ___

What do you want voters to know about your qualifications for the Daufuskie Island Council? Please include any special skills you can contribute to DI Council efforts.

Qualification (check one and provide copy):

- Daufuskie Island registered voter (with photo ID)
- Daufuskie Island property owner (tax bill & photo ID)
- Daufuskie Island Rental Agreement (with photo ID)
- SC Driver's License with Daufuskie Island address

Signature: _____

Date: _____

Return completed applications to Casey Long Or drop off at School Grounds Coffee/Daufuskie Blues	Questions? Visit www.daufuskiemunicipal.com or contact current DI Council members
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***** Election Committee Use ONLY *****

Please review the information provided above for accuracy and confirm by signing below:

Signature: _____

Date: _____