

ELECTION JUDGE RECORD

(PLEASE PRINT)

PRECINCT (TOWNSHIP OR CITY) _____

NAME: _____

RESIDENTIAL

ADDRESS: _____

CITY: _____ ZIP CODE: _____

MAILING ADDRESS IF DIFFERENT THAN ABOVE

PO BOX #: _____ CITY: _____ ZIP CODE: _____

PHONE (HOME) ____ - ____ - ____ *CELL PHONE ____ - ____ - ____

**(Optional except clerks & head judges)*

E-MAIL _____

We request you inform us of your email so we can send training materials throughout the year.

AFFILIATION WITH POLITICAL PARTY – CIRCLE ONE:

REPUBLICAN DEMOCRATIC FARM-LABOR

HAVE YOU WATCHED THE 80 MINUTES OF VIDEO ON THE SECRETARY OF STATE (SOS) WEBSITE (REQUIRED)?: YES _____ NO _____

WILLING TO SERVE AS A JUDGE IN ANOTHER PRECINCT: YES ___ NO ___

SIGNATURE _____ DATE _____

On the back of this form, write down items you would like to learn more about, get more details on, or have added to the Election Judge Trainings.