



Election Inspector Application

Name: _____

Address: _____

Phone: _____

Cell Phone: _____

Email Address: _____

Polling Place Preference: _____

Party Affiliation (only if appointed by a political party chairman): _____

2018 ELECTIONS

Please check the elections in which you are able to work:

<input type="checkbox"/>	February 20 th	Spring Primary Election
<input type="checkbox"/>	April 3 rd	Spring Election
<input type="checkbox"/>	August 14 th	Partisan Primary Election
<input type="checkbox"/>	November 6 th	Fall General Election

TO BE COMPLETED BY ELECTION CLERK (CITY CLERK'S OFFICE)

DATE RECEIVED:

_____ OATH (2018-2019)

_____ PAYROLL (New Election Inspectors only)

INITIALS: _____

ASSIGNED TO POLLING PLACE: _____