

## **ELECTION INSPECTOR APPLICATION**

LAST NAME:	NAME: FIRST NAME:		M.I.:
DATE OF BIRTH: / /	DAY PHONE:	EVENING I	PHONE:
HOME ADDRESS:	APT. #:	CITY:	ZIP:
MAILING ADDRESS:	E-MAIL	ADDRESS:	
Hours available to work (check one)	FULL 6:30am-9:00pm AM [	6:30am-1:30pm	n <b>PM</b> 🗌 1:30pm-9:00pm
2020 Election Dates available to wor February 18 <sup>th</sup> April 7th	<u>k (check all dates that you are a</u> August 11 <sup>th</sup> Novembe		
I am also interested in being a Special Voting Deputy at residential care facilities during the month prior to each election. (Note: this requires daytime availability and additional training)			
Are you qualified to vote?  YES (Qualifications: U.S. citizen, resident c probation or parole for a felony conv	of Ozaukee County, at least 18 ye	-	,
Have you ever been convicted of a fe (Note: State of WI Constitution, Artic		icted felons to serv	ve as Election Inspectors.)
Have you ever been an Election Inspector? 🗌 YES* 🗌 NO *If yes, where:			
I would like to (check one): VOLU (If you elect to receive payment and Treasurer's Office).			
IN SIGNING, I ATTEST THAT THE A	BOVE INFORMATION IS ACCURA APPLICATION WILL DISQUA		Y FALSE STATEMENTS ON THIS
APPLICANT'S SIGNATURE:			DATE:
<b>For more information, contact</b> : City Clerk Claire Woodall-Vogg Tel: 262-375-7606 Email: cwoodall-vogg@ci.cedarbu		W63	Clerk's Office N645 Washington Avenue arburg, WI 53012