

## **ELECTION INSPECTOR APPLICATION**

LAST NAME:	FIRST NAME:		M.I.:
DATE OF BIRTH://	DAY PHONE:	EVENING PHONE	:
HOME ADDRESS:	CITY: _	ZIP:	
MAILING ADDRESS:			
EMAIL ADDRESS:			
Hours available to work (check o	one): FULL 6:30am-9:00pm <u><i>OR</i></u> A	<b>M</b>	<b>РМ</b>
	work (check all dates that you are a August 13 <sup>th</sup> Novemb		
	a Special Voting Deputy at residenti time availability and additional train	_	month prior to each
I am interested in working at a	an electronic poll book 🔲 I am int	terested in working at ballo	ot tables or other positions
	ES NO ent of Ozaukee County, at least 18 ye conviction, and not otherwise disqua		erving a sentence including
Have you ever been convicted of (Note: State of WI Constitution, A	a felony?  YES  NO Article XIII, §3(2) does not allow conv	victed felons to serve as Ele	ection Inspectors.)
Have you ever been an Election I	nspector? YES* NO *If yes	s, where:	
	OLUNTEER		
IN SIGNING, I ATTEST THAT TH	HE ABOVE INFORMATION IS ACCUR APPLICATION WILL DISQU		STATEMENTS ON THIS
APPLICANT'S SIGNATURE:		D <i>i</i>	ATE:
For more information, contactive Clerk Tracie Sette	<u>t</u> : <u>R</u>	eturn to: City Clerk's W63 N645 W	Office Washington Avenue

Tel: 262-375-7606

Email: tsette@ci.cedarburg.wi.us

Cedarburg, WI 53012