



Election Inspector Application

Name: _____

Address: _____

Phone: _____

Cell Phone: _____

Email Address: _____

Polling Place Preference: _____

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

2024 ELECTIONS

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

<input type="checkbox"/>	February 20	Spring Primary Election
<input type="checkbox"/>	April 2	Spring Election & Presidential Preference
<input type="checkbox"/>	August 13	Partisan Primary Election
<input type="checkbox"/>	November 5	General Election

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

DATE RECEIVED:

_____ OATH (2024-2025)

_____ PAYROLL (New Election Inspectors only)

INITIALS: _____

ASSIGNED TO POLLING PLACE: _____