

DESIGNATION OF POLL WATCHERS – Continuation Page
(Enter Page Number on Bottom of Page)

This form becomes a public record when submitted to the Supervisor of Elections.

1.	Printed Name: _____	Date of Birth (mm/dd/yy): _____
	Address: _____	
	Location of Polling Room or Early Voting Site: _____	
2.	Printed Name: _____	Date of Birth (mm/dd/yy): _____
	Address: _____	
	Location of Polling Room or Early Voting Site: _____	
3.	Printed Name: _____	Date of Birth (mm/dd/yy): _____
	Address: _____	
	Location of Polling Room or Early Voting Site: _____	
4.	Printed Name: _____	Date of Birth (mm/dd/yy): _____
	Address: _____	
	Location of Polling Room or Early Voting Site: _____	
5.	Printed Name: _____	Date of Birth (mm/dd/yy): _____
	Address: _____	
	Location of Polling Room or Early Voting Site: _____	
6.	Printed Name: _____	Date of Birth (mm/dd/yy): _____
	Address: _____	
	Location of Polling Room or Early Voting Site: _____	
7.	Printed Name: _____	Date of Birth (mm/dd/yy): _____
	Address: _____	
	Location of Polling Room or Early Voting Site: _____	
8.	Printed Name: _____	Date of Birth (mm/dd/yy): _____
	Address: _____	
	Location of Polling Room or Early Voting Site: _____	
9.	Printed Name: _____	Date of Birth (mm/dd/yy): _____
	Address: _____	
	Location of Polling Room or Early Voting Site: _____	