

POLL WATCHER APPLICATION

GADSDEN COUNTY, FLORIDA

Date _____

Election _____ Date _____

Name _____

DOB _____ Phone # _____

Address _____

City, State, Zip _____

To be completed by Candidate, Political Party, or designated Representative:

Name of Candidate or Party _____

Precinct (Assignment) _____

Precinct Location _____

Poll Watcher hours _____

Poll Watcher Signature _____

X

Signature of Candidate or Authorized Representative of Candidate or Political Party

Election Official

Registered Voter: _____

Party Affiliation _____

Registration # _____

Approval: __ Yes __ No

Precinct _____