REGISTERED PRECINCT: _____
(Your voting precinct is determined by your physical address)

PRECINCT _____ *(for office use only)*

***ARE YOU WILLING TO TRAVEL TO OTHER PRECINCTS TO WORK?*** ☐ ***YES*** ***or*** ☐ ***NO***

# APPLICATION FOR COMMISSIONER

Date: _____ New Commissioner ☐ or Recertification ☐

Party Affiliation: ☐ Democrat Republican Green Libertarian Reform Other No Party

Name: *(please print clearly)* _____

Physical Address: _____

City/Town: _____ Zip Code: _____

Mailing Address: *(if different from above physical address)* _____

City/Town: _____ Zip Code: _____

Home Phone No. : _____ Cell Phone No.: _____

Work Phone No.: _____ Other No.: _____

E-Mail address: _____

*Social Security No. _____-_____-_____ ***(*For official use only. Must submit for payment purposes.)***

Emergency Contact: _____ Phone No.: _____

**IF ANY OF THE INFORMATION ABOVE CHANGES YOU MUST NOTIFY THE CLERK OF COURT'S OFFICE.**

## FOR OFFICE USE ONLY

INTERESTED IN BEING THE FOLLOWING: NOTES: _____

- ☐ EARLY VOTING COMMISSIONER _____
- ☐ PARISH BOARD COMMISSIONER *(Election Night)* _____
- ☐ COMMISSIONER _____
- ☐ COMMISSIONER-IN-CHARGE _____

*Revised 09/2020*