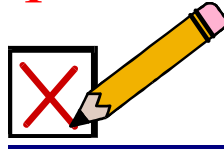


Election Inspector Application



Name: _____
First Middle Last

Date of Birth: _____

Home Address: _____
number street
_____ city/twp _____ zip

phone number _____

e-mail _____

Political Party Preference: Republican ___ Democrat ___ Independent ___ Other
(please specify) _____

Are you a registered Voter? _____

Are you a resident of Kent County? _____

Are you a US Citizen? _____

Are you a resident of Ada Township _____

Have you ever been convicted of a Felony or an Election Crime? Yes ___ No ___

I am available to work the polls all day? Yes ___ No ___

Reference _____

Name _____ Address _____ zip
phone number _____

I declare the foregoing statements are true: _____

signature

please return to Ada Township Clerk PO BOX 370 Ada MI 49301

Thank You For Your Interest In Working Elections!
Deb Ensing Millhuff
Certified Municipal Clerk