Election Inspector Application



Name:	·				_
	First		Middle	Last	_
	Date of E	Birth:			
	Home Address:				
		number	street city/twp		zip
	phone number			_	
	e-mail			_	
Political Party F	Preference: Republic (please spe			Independent _	Other
	Are you a reg	istered Vo	ter?	_	
	Are you a residen	t of Kent	County?		
	Are you a U	JS Citizen	?		
Aı	re you a resident of A	da Towns	hip		
Have you ever	been convicted of a I	Felony or a	an Election (Crime? Yes	No
I aı	n available to work t	he polls al	l day? Yes_	No	
Reference					
phone number	Name	Add			zip
I declare the fore	egoing statements are				
			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