

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

\_\_\_\_\_