

City of La Crosse, Wisconsin
Election Inspector Interest Form

Name _____
Last First Middle Initial

Address _____ Zip Code _____

Home Phone: () _____ - _____ Work Phone: () _____ - _____

For the next available two-year term, I'd prefer to be (mark as many as you like):

Appointed (work every election in the same district)

Alternate (work only when called in various districts)

I can be called the last minute Yes No

I prefer to work in my own district

I will work where needed within the City

Specific times of the year when I am unavailable _____

Comments _____

I certify that I am a U.S. citizen, at least 18 years of age and a resident of the City of La Crosse.

Signature _____ Date _____

If you were referred by someone or if you know someone who is currently working as an Election Inspector for of the City of La Crosse, we'd like to know: _____

Please return to:
Office of the City Clerk
City of La Crosse
400 La Crosse Street
La Crosse WI 54601