



Town of Ledgeview – Election Worker Application

Complete and return to: Town of Ledgeview, 3700 Dickinson Rd, De Pere, WI 54115
 or email: cnagel@ledgeviewwisconsin.com

This form is used to document the transmission of election worker information. All election workers should be noted through the completion of this form. Providers should file this document for reference.

Clerk Information

Clerk Last Name: NAGEL	Clerk First Name: CHARLOTTE
Municipality: LEDGEVIEW	County of: BROWN

Poll Worker Information

Worker Last Name:		
Worker First Name:		Worker Middle Name:
Address:		Apt.
City:	State:	Zip:
Date of Birth (MM/DD/YYYY): ___/___/____		
Home Telephone:		Cell Phone:
Worker Email Address:		
Social Security Number: ____ - ____ - ____		

Worker Type: <small>(Fill in one circle only)</small>	<input type="radio"/>	Greeter
	<input type="radio"/>	Election Inspector
	<input type="radio"/>	Polling Place Helper

Availability:	<input type="radio"/>	All Day	<input type="radio"/>	AM Shift	<input type="radio"/>	PM Shift
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Election Type:	<input type="radio"/>	Any Elections
	<input type="radio"/>	Spring Elections Only
	<input type="radio"/>	Fall Elections Only
	<input type="radio"/>	Governor Elections Only
	<input type="radio"/>	Presidential Elections Only

Additional Comments:

Election Worker Signature:	Date:
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Clerk Signature:	Date:
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