

CITY OF LAKE CRYSTAL
ELECTION JUDGE APPLICATION FORM

Name _____

Address _____

City/St/Zip _____

Phone _____

Cell _____

Work _____

E-mail _____

Preferred mail method US Postal Mail E-mail

Voter Precinct _____

Preferred Work Shift 6:30am-2:00pm 2:00pm-9:00pm

Your Political Party Democratic-Farmer-Labor
 Republican
 Grassroots-Legalize Cannabis
 Legal Marijuana Now
 No Party

Employer certificate needed as proof of working an election Yes No

Year of Birth _____

Drop off or mail application to: City of Lake Crystal
100 E Robinson Street, PO Box 86
Lake Crystal, MN 56055

OR Email LCOFFICE@HICKORYTECH.NET

OR Fax 507-726-2265