



VOTER REGISTRATION and ELECTIONS

City of Petersburg

Response to Notice of Appointment

Please, complete this form and return
in person to:

Voter Registration and Elections
229 North Market Street
Petersburg, Virginia 23803

or by mail to:

Voter Registrations and Elections
Attention: Electoral Board
P.O. Box 1031
Petersburg, Virginia 23804

I, _____,

(PRINT FULL NAME ON LINE ABOVE)

understand that I am **REQUIRED** to **ATTEND** Officer of Election training.

Please, check the appropriate response for each of the following statements.

YES **NO**

- I hold an elected office (paid or unpaid) in one of the following; the Government of the United State, the Commonwealth of Virginia, or another Virginia county/city/town.
- I am the deputy or an employee of an elected official.
- I agree to represent the **DEMOCRATIC PARTY ----- REPUBLICAN PARTY**.
(CIRCLE ONE OF THE ABOVE PARTIES)
- I agree that, if so needed, I will represent **either party** at the polls.
- I am able to operate a laptop computer and do basic data entry functions.

Street Address	_____
City and Zip Code	_____
Telephone Numbers:	(H) _____ (W) _____ (C) _____
e-Mail:	_____
Social Security #:	__ - __ - __ - __ - __ - __

SIGNATURE : _____ DATE: _____
(REQUIRED) (REQUIRED)