

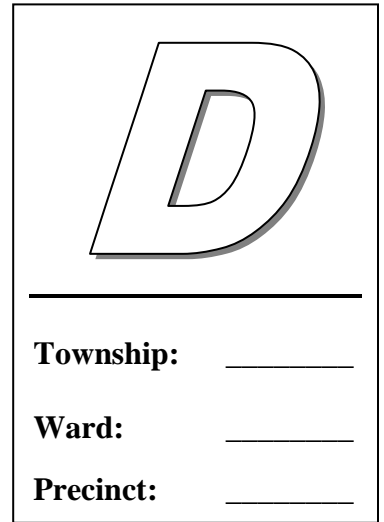
# Democratic Precinct Board Form – 2010 General Election

Submit to Marion County Election Board

200 E. Washington St., Suite W-122

Indianapolis, IN 46204

Phone: (317) 327-5100 Fax: (317) 327-4815 [elections@indy.gov](mailto:elections@indy.gov)



Use this form to nominate your precinct election board members for the election. Please use the *Precinct Board Change Form* for any corrections.

- Reminders:** Each person you nominate **must:**
- Be a registered voter in MARION County
  - Give their name (no nicknames) and address as it appears at Voter Registration
  - Show a Democratic vote in the most recent primary if they have voted in a primary election
  - Cast an absentee vote if they are serving in a precinct other than the one where they reside
  - Not related to a candidate on the precinct's ballot

INSPECTOR: Full Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ City & ZIP: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Pager: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_  
(may substitute State ID Card or the last four digits of Social Security Number)  
Recently Moved or Changed Name?: YES NO  
If YES, please give former name and/or address: \_\_\_\_\_

JUDGE: Full Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Pager: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_  
(may substitute State ID Card or the last four digits of Social Security Number)  
Recently Moved or Changed Name?: YES NO  
If YES, please give former name and/or address: \_\_\_\_\_

CLERK: Full Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Pager: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_  
(may substitute State ID Card or the last four digits of Social Security Number)  
Recently Moved or Changed Name?: YES NO  
If YES, please give former name and/or address: \_\_\_\_\_

# Democratic Precinct Board Form – 2010 General Election (page 2)

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## 2<sup>nd</sup> SHIFT POSITIONS

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**JUDGE:** Full Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Pager: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_  
(may substitute State ID Card or the last four digits of Social Security Number)  
Recently Moved or Changed Name?: YES NO  
If YES, please give former name and/or address: \_\_\_\_\_

~~~~~

**CLERK:** Full Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Pager: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_  
(may substitute State ID Card or the last four digits of Social Security Number)  
Recently Moved or Changed Name?: YES NO  
If YES, please give former name and/or address: \_\_\_\_\_

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Submitted Date: \_\_\_\_\_

Precinct Committeeman: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Ward Chairman: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_