


Republican 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



Township: _____

Ward: _____

Precinct: _____

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 Republican 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

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: _____

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**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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Republican Precinct Board Form – 2010 General Election (page 2)

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2nd 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: \_\_\_\_\_

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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: \_\_\_\_\_