



# *Tammy Jones* Supervisor of Elections

## Poll Worker Renewal Form

Keeping your contact information current with our office will assist us in keeping in touch with you. Please update any of the following information that may have changed.

Name (required): \_\_\_\_\_

Residence Address: \_\_\_\_\_

Residence City, State, Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing City, State, Zip: \_\_\_\_\_

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

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

E-mail Address: \_\_\_\_\_

Comments or Concerns:

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