

DEMOCRATIC Application for Inspector

Erie County Democratic Committee
115 Ellicott Square Building
Buffalo, NY 14203
Phone: (716) 853-2511

Personal Information

Name: _____ Date: _____

Social Security #: _____

Home Address: _____

City, State, Zip: _____ Election District: _____

Home Phone: _____ Business Phone: _____

U.S. Citizen: _____ Registered Democrat (required): _____

Referred by: _____

Committeeman: _____ Ward/Zone: _____ District: _____
City/Town: _____

Experience as an Inspector (if any, please describe below):

I understand that the hours of an Election Inspector are from 5:30 a.m. until approximately 9:30 p.m. with 1 hour breaks for lunch and dinner and that I am responsible for my own transportation to and from the election district assigned. I hereby apply for the position of Democratic Inspector in the City/Town of _____.

Signature _____ Date _____

I hereby approve the above application for inspector:

Town/Zone Chair _____ Date _____

County Chair _____ Date _____