

**2017 MUNICIPAL ELECTION
DEPUTY RETURNING OFFICER APPLICATION FORM**

NAME: _____
(Surname) (First or given names)

ADDRESS: _____ **POSTAL CODE:** _____

TELEPHONE/CELL/E-MAIL: _____ / _____ / _____

Previous experience: Yes No

If yes, give year(s)/position

If no, state any other experience that qualifies you for this work. Use other side of form if necessary. _____

Polling Station Preferences:

First Preference: _____

Second Preference: _____

Training:

Do you prefer morning _____ afternoon _____ no preference _____

Signature _____ Date: _____

*This personal information is being collected by the Thorhild County for general Municipal purposes only.
The Freedom of Information and Protection of Privacy Act protects collection and use of this information.*