

Please fill in all blanks on-line, then print out and get appropriate signature for Appointing Authority
If you have questions, please call the Election Office at (217) 753-8683.

POLLWATCHER CREDENTIALS



To the Judges of Election:

In accordance with the provisions of the Election Code, the undersigned hereby

appoints _____ at _____
(Name of Pollwatcher) (Address)

in the County of _____, Township of _____, State of Illinois,
(County) (Township)

and who is duly registered to vote from this address, to act as a pollwatcher in

the following precinct _____ at the _____ election
(Precinct Name & Number) (Type of Election)

to be held on _____, 20____.
(Date of Election)

Signature of Appointing Authority

Title: (Party Official, Candidate, Civic Organization
President, Proponent or Opponent Group Chairman)

Under penalties provided by law pursuant to 10 ILCS 5/29-10 the undersigned pollwatcher certifies that the above information is true and correct, and is duly registered to vote in Illinois.

(Precinct in which pollwatcher resides)

(Signature of Pollwatcher)

(Signature of Election Authority)

Don Gray
Sangamon County Clerk