

ELECTION INSPECTOR INTEREST FORM

First Name	MI	Last Name	
Address	City	State	Zip Code
Email	Pł	none Number	
District you live in	_ District you	usually work in	
ELECTION INSPECTOR EXPERIENCE (please	se check one	1	
☐ I have no previous experience as a	an Election In	spector.	
☐ I have Election Inspector experien	ice.		
Election dates for the 2024 Election Year	(Check whic	h elections you can wo	rk)
☐ February 20, 2024 (if needed)		☐ August 13, 2	
☐ April 2, 2024		□ November 5	5, 2024
Other Information (Select all that apply)	-		
☐ I have Chief Inspector experience			
☐ I am interested in being a Chief In	spector		
☐ I have Badger Book Experience			
COMPENSATION PREFERENCE (please ch			
☐ I prefer to volunteer my services t	o my commu	nity.	
\square I would like to be compensated fo	or my service	as an Election Inspector	at the standard rate of pay
for Election Inspectors. I understa	and that, in o	rder to receive compen	sation, I must complete
employment paperwork and I will	be entered i	nto the City of West Be	nd payroll system.
Any Additional information you would li	ke us to knov	<u>w</u>	

HOW TO SUBMIT THE COMPLETED FORM

- 1. Form may be emailed to passigl@ci.west-bend.wi.us
- 2. Or the form may be dropped off in person or mailed to:

City of West Bend, City Clerk, 1115 S. Main Street, West Bend, WI $\,$ 53095

Hours: Monday – Friday from 8:00 am – 4:30 pm