

Ada Township Election Inspector Application



Name: _____
 First Middle Last

Date of Birth: _____

Home Address: _____
 number street
 city/twp zip

phone number _____ e-mail _____

Political Party Preference: Republican ___ Democrat ___ Independent ___ Other
(please specify) _____

Are you a registered Voter? _____

Are you a resident of Kent County? _____

Are you a US Citizen? _____

Have you ever been convicted of a Felony or an Election Crime? Yes ___ No ___

I am available to work the polls all day? Yes ___ No ___ (if not when) ___ - ___

Reference: _____
 Name Address zip phone number

I declare the foregoing statements are true: _____

Your Signature

Please return to Ada Township Clerk PO BOX 370 Ada MI 49301

Thank You For Your Interest In Working Elections!

Susan Burton
Ada Township Clerk