

**CITY OF KAUKAUNA
ELECTION INSPECTOR APPLICATION**



Name: _____

Address: _____

Phone: _____

Email: _____

Date of Birth: _____

Explain briefly why you would like to become an Election Inspector. List any experience you feel may help you as an Inspector: _____

Employment:

Reasons for interest:

Availability / Preferences (full or half days/AM or PM/accommodations needed):

Signature

Date

Please return to: City of Kaukauna Clerk, 144 W. Second Street, Kaukauna, WI 54130
knessmann@kaukauna.gov
Questions? Call 920-766-6300