

**City & Borough of Juneau
Municipal Election DATE
Observer Registration & Confidentiality Form**

Printed Name of Observer: _____

Observer Contact Information:

Email: _____

Phone: _____

Mailing Address: _____

Observer is:

- ☐ A Candidate
- ☐ A designated representative of a candidate

Name of Candidate: _____

Signature of Candidate: _____

Contact phone/email for Candidate: _____

- ☐ A designated representative of an organization or organized group sponsoring or opposing an initiative, referendum or recall

Name of Organization/Group: _____

Printed Name & Signature of Group Primary Contact: _____

Primary Contact phone#/email: _____

Observer's Oath:

I, _____, swear or affirm that I have read the applicable guide for observers and I will abide by the requirements and guidelines contained therein. I will not disclose confidential information, including, but not limited to, voter identification numbers, social security numbers or the last four digits of the social security numbers, dates of birth, Alaska driver's license or state identification numbers, place of birth, confidential residence addresses and telephone numbers, and for whom or for what propositions a person voted.

Signature of Observer: _____

Date Oath signed by the Observer: _____