Printed Name of Observer:_____

Phone number and email address of the Observer:_____

Primary Contact Person for Candidate or Organization/Group:_____

Phone number & email address of the Candidate or Organization/Group Represented by this Observer:

_____

Date Tour Attended: _____

SIGNATURE OF OBSERVER

I, _____, swear or affirm that I have completed the training for observers, received the Observer's Handbook, and attended a tour of the designated facility at which I will be observing.

_____ _____

Observer's Signature Date

SIGNATURE OF CANDIDATE OR PRIMARY CONTACT PERSON OF ORGANIZATION/GROUP

I swear or affirm that this observer has been provided the most current version of the CBJ Election Observer's Handbook, this observer personally completed the required training, and I have instructed the observer on their rights and obligations.

_____ _____

Candidate/Group Primary Contact's Signature Date

_____ _____

Municipal Clerk or Designee Date Received

Clerk's Office Use:

Training Completed on: _____

Observer Certificate and Name Badge Issued:_____

Primary Person & Observer Contacted for Badge Pick-up: _____