Wisconsin Election Observer Log

Today's Date: _____ Election Date: _____ Municipality: _____ Page Number: _____

Site: ☐Polling place, ward # _____ ☐Clerk's office ☐Central count location ☐Residential Care Facility or Retirement Home ☐Other (specify) _____

With their signatures below, the signees attest to the following statement:

"I understand Wisconsin's rules for election observers, as set out in Wisconsin Adminstrative Rule Chapter GAB 4, and agree to abide by those rules while observing this election or election administration event."

Printed Name	Signature	Street Address	Municipality, State	Representing	Photo ID Verified
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