

Special Voting Deputy Log of Absentee Voting Activity at

(insert name of care facility)

TO BE COMPLETED BY MUNICIPAL CLERK

Primary or Election Date: _____

Date of Special Voting Deputy Visit to this Care Facility: _____

Names of Special Voting Deputies:

Number of absentee ballots issued to the Special Voting Deputies? _____

Tamper-Evident Seal Serial Number _____

TO BE COMPLETED BY SPECIAL VOTING DEPUTY

Tamper-evident seal number verified by Special Voting Deputies (SVDs): _____
(SVD #1 initials) (SVD #2 initials)

Number of voted ballots returned to clerk: _____

Number of un-voted absentee ballots returned to clerk: + _____

Number of spoiled ballots returned to clerk: + _____

Total: = _____

(Total should equal number of ballots issued by clerk.)

Upon sealing the ballot bag or container to which this Inspectors' Statement pertains, **record the number of the tamper-evident seal used for this purpose here** _____

CERTIFICATION OF SPECIAL VOTING DEPUTIES

We, the undersigned Special Voting Deputies, certify that we conducted absentee voting at the above-listed care facility on the date listed above. We further certify that the information contained in this document is a true and correct record of activity and incidents occurring at this care facility during the conduct of absentee voting.

(signature of Special Voting Deputy)

(date)

(signature of Special Voting Deputy)

(date)

Special Voting Deputy Incident Log

Check box if no incidents were recorded for this election.

Incident Log

Incident Number	Incident Code (See glossary)	Description of Incident	Time Incident Occurred	SVD Initials
			a.m. p.m.	
			a.m. p.m.	
			a.m. p.m.	
			a.m. p.m.	
			a.m. p.m.	
			a.m. p.m.	
			a.m. p.m.	
			a.m. p.m.	
			a.m. p.m.	
			a.m. p.m.	
			a.m. p.m.	
			a.m. p.m.	
			a.m. p.m.	
			a.m. p.m.	
			a.m. p.m.	
			a.m. p.m.	
			a.m. p.m.	
			a.m. p.m.	
			a.m. p.m.	
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			a.m. p.m.	
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			a.m. p.m.	
			a.m. p.m.	