

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 Election Observers Rules-at-a-Glance*, 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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