

Poll Watcher Request Form

Candidate or Political Party: _____

Please issue Watcher Certificates to the following registered electors:

Name as registered: _____ **DOB:** _____

Twp/Boro, Ward: _____

Mailing Address: _____

Name as registered: _____ **DOB:** _____

Twp/Boro, Ward: _____

Mailing Address: _____

Name as registered: _____ **DOB:** _____

Twp/Boro, Ward: _____

Mailing Address: _____

Candidate's Signature: _____ Date: _____

or

Party Chairman's Signature: _____ Date: _____

Name and Contact Number of person picking up the watcher certificates once complete.

Name: _____ Contact # _____

Please Note:

Each **candidate** may appoint two (2) watchers in each election district where the candidate appears on the ballot. You do not need to specify to the Bureau, which

Each **political party and political body** which has nominated candidates may appoint three (3) watchers in each election district where a candidate of such party or body is on the ballot.

Return forms by mail: Election Bureau, 20 N. Pennsylvania Ave, Suite 207, W-B PA 18701-3505

By Fax: 570-820-6399

By Email: Elections@luzernecounty.org