

**TOWN OF PARACHUTE
MUNICIPAL ELECTION JUDGE APPLICATION**

PLEASE LEGIBLY PRINT THE FOLLOWING MANDATORY INFORMATION

Full Name (Jr., Sr., I, II) _____

Physical Address/No PO Boxes: _____

Telephone: _____

Email: _____

Social Security Number: _____
(Required for Payment of Services)

PER C.R.S. 31-10-401:

Are you 18 years or older? Yes No

Are you registered to vote in Colorado? Yes No

IN ADDITION:

Prior Election Judge Experience? Yes No

Can you attend mandatory judges training?
March 28 at 2:00 p.m. Yes No

REQUESTED HOURS:

Full Day April 5th: 6:30am – Until Done Yes No

Half Day Morning: 6:30am – 1pm? Yes No

Half Day Evening: 1pm – Until Done Yes No

I understand if I am appointed as a Town of Parachute Municipal Election Judge for the April 5, 2016 Regular Municipal Election, my name and address are public record per C.R.S. 31-10-401.

I affirm, under penalty of perjury, that the information contained herein is true and accurate.

Signature Date

Please sign completed form and mail, fax, or deliver to:

Denise Chiaretta, TOWN CLERK, CMC

Town of Parachute

P.O. Box 100

Parachute, CO 81635

Fax – 970-285-0292

Email: depden@parachutecolorado.com