Supplemental Poll List

Municipality: _____

Election Date: _____

(Voter #)		(Print Name)	(Address)
(Ward)	(Ballot Combo)	(Notes)	(Signature)

(Voter #)		(Print Name)	(Address)
(Ward)	(Ballot Combo)	(Notes)	(Signature)

(Voter #)		(Print Name)	(Address)
(Ward)	(Ballot Combo)	(Notes)	(Signature)

(Voter #)		(Print Name)	(Address)
(Ward)	(Ballot Combo)	(Notes)	(Signature)

(Voter #)		(Print Name)	(Address)
(Ward)	(Ballot Combo)	(Notes)	(Signature)

(Voter #)		(Print Name)	(Address)
(Ward)	(Ballot Combo)	(Notes)	(Signature)

(Voter #)		(Print Name)	(Address)
(Ward)	(Ballot Combo)	(Notes)	(Signature)

(Voter #)		(Print Name)	(Address)
(Ward)	(Ballot Combo)	(Notes)	(Signature)

(Voter #)		(Print Name)	(Address)
(Ward)	(Ballot Combo)	(Notes)	(Signature)

(Voter #)		(Print Name)	(Address)
(Ward)	(Ballot Combo)	(Notes)	(Signature)

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