

Wisconsin Election Observer Log

Today's date: _____ Municipality: _____ Date of Election: _____ Page number: _____

Site: Polling place, ward # _____ Clerk's office Central count site Nursing/retirement home or CBRF 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 Administrative Rule Chapter GAB 4, and agree to abide by those rules while observing this election or election administration event."**

Election Observer Information: Print name, address and organization above the line, and sign and date below:

FIRST NAME

LAST NAME

STREET ADDRESS

MUNICIPALITY

1.

SIGNATURE: _____ REPRESENTING (ORGANIZATION, ETC.): _____

2.

SIGNATURE: _____ REPRESENTING (ORGANIZATION, ETC.): _____

3.

SIGNATURE: _____ REPRESENTING (ORGANIZATION, ETC.): _____

4.

SIGNATURE: _____ REPRESENTING (ORGANIZATION, ETC.): _____

5.

SIGNATURE: _____ REPRESENTING (ORGANIZATION, ETC.): _____

6.

SIGNATURE: _____ REPRESENTING (ORGANIZATION, ETC.): _____

7.

SIGNATURE: _____ REPRESENTING (ORGANIZATION, ETC.): _____

8.

SIGNATURE: _____ REPRESENTING (ORGANIZATION, ETC.): _____