

# **GILA COUNTY DIVISION OF ELECTIONS REQUEST TO BE A POLL WORKER**

Please print this form out and complete the following information. Submit the completed form to the Division of Elections at the following address:

Gila County Division of Elections  
1400 E. Ash Street  
Globe, AZ 85501

or

Call us at (928) 402-8709

or

E-mail information to [lmata@co.gila.az.us](mailto:lmata@co.gila.az.us)

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Your Voting Precinct: \_\_\_\_\_

Your Party Affiliation: \_\_\_\_\_