



DELBERT HOSEMANN
Secretary of State

**2015 Municipal Certification, Special Elections
Pre-Registration Form**

December 8, 2015 from 9:00 am – 5:00 pm

MSOS Office, Capital Towers Bldg. - 125 South Congress St., Jackson (Floor 17)

Please pre-register for this session, as space is limited.

PLEASE PRINT

NAME: _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **SECONDARY PHONE:** _____

COUNTY: _____

EMAIL ADDRESS: _____

CHECK ONE OF THE FOLLOWING THAT DESCRIBES YOUR POSITION/TITLE IN ELECTIONS:

- _____ **CITY CLERK**
- _____ **MUNICIPAL ELECTION COMMISSIONER**
- _____ **MUNICIPAL PARTY EXECUTIVE COMMITTEE MEMBER**
- _____ **(PLEASE CIRCLE BELOW)**
- _____ **DEMOCRATIC**
- _____ **REPUBLICAN**
- _____ **OTHER (Please specify) _____**

MARK THE TYPE OF VOTING DEVICE USED:

- _____ **TOUCH SCREEN / DRE, TSX (STATEWIDE VOTING SYSTEM)**
- _____ **M100 PRECINCT SCANNER (CITIES WITHIN LEE, YALOBUSHA, HARRISON AND DESOTO COUNTIES)**
- _____ **DS200 (CITIES WITHIN HINDS COUNTY)**
- _____ **IVOTRONIC (CITIES WITHIN RANKIN COUNTY)**
- _____ **HAND COUNT PAPER BALLOTS**
- _____ **OTHER (Please specify) _____**

Fax, mail or email your pre-registration form, no later than 5:00 p.m. on Thursday, December 3, 2015, to:

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