



Michael Watson
SECRETARY OF STATE

CONTACT INFORMATION FORM
2021 MUNICIPAL ELECTION TRAINING

Please print your information below.

NAME: _____

MUNICIPALITY (City/Town/Village): _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ SECONDARY PHONE: _____

EMAIL ADDRESS: _____

(Registration confirmation will be sent via email only!)

Please indicate your position:

- _____ **Municipal Election Commissioner**
- _____ **Democratic Party Municipal Executive Committee Member**
- _____ **Republican Party Municipal Executive Committee Member**
- _____ **Municipal Clerk**
- _____ **Deputy Municipal Clerk**
- _____ **Other: _____**

Please return this form to:
Gabriel May, Election Compliance and Training Officer
MS Secretary of State's Office
ElectionsTraining@sos.ms.gov
(601) 359-6353
Fax: (601) 576-2545
Post Office Box 136
Jackson, MS 39205-0136