SAMPLE QUESTIONED BALLOT REGISTER

City of _____ Questioned Register

#	Voter's Full Name (Print)	Voter's Signature	One Identifier (SSN, Last 4 SSN, DOB, VN, ADL)	Residential Address	Mailing Address (If different from residential)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

_____ Election Official's Signature

_____ Date

_____ Election Official's Signature

_____ Date

_____ Election Official's Signature

_____ Date