



**City of Milwaukee
Election Commission**

**Election Worker
Change of Information Form**

▶ Please Print

PART I Complete This Part To Change Your **NAME**

1a Your NEW Name (first name, initial, and last name, suffix)

1b Your PREVIOUS Name (first name, initial, and last name, suffix)

PART II Complete This Part To Change Your **ADDRESS**

2a Your NEW ADDRESS (no., street, apt no., city or town, state and Zip code).

2b Your PREVIOUS ADDRESS (no., street, apt no., city or town, state and Zip code).

2c PO BOX Preference for mailing

P.O. Box _____

City: _____ State: _____ Zip _____

PART III Complete This Part to Update Your **TELEPHONE NUMBER(S)**

Telephone Number:

(_____) _____

Additional Contact Telephone Number:

(_____) _____

PART IV **Signature**

**Sign
Here**



Your Signature

Date

For Office Use Only

HRMS Entry

Updated in HRMS

Office Staff Signature: _____

Date: _____

Poll Worker Database Entry

Updated Poll Worker Dbase

Office Staff Signature: _____

Date: _____