



ELECTIONS

OFFICE OF COOK COUNTY CLERK KAREN A. YARBROUGH

69 W. Washington, Suite 500, Chicago, Illinois 60602

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Deputy Voter Registration Group Training Request

Please complete this application and fax it to **Jonathan Williams** at **312.603.9786** or email to:
jonathan.williams@cookcountyil.gov

NOTE: PLEASE DO NOT SCHEDULE YOUR CLASS UNTIL YOU RECEIVE CONFIRMATION OF YOUR DATE AND TIME FROM THIS OFFICE

We must receive your request at last 10 days prior to the training date.

Organization: _____

Contact: _____ Email: _____

Address: _____

Home Phone: ____/____/____ Cell/Work Phone: ____/____/____

Training Date Requested: _____ Start time: _____

Location and Address of Training: _____

Number Expected for Training (Must be at least 20 people): _____

Additional Information:

- The County Clerk's office must verify the voter registration of anyone planning to become a deputy registrar. Therefore please send us a list of the names and addresses of the people who will be attending. The list of names and addresses must be received no later than two days before the training. We can also register trainees on site. In order to be registered they must have two pieces of identification, one of which includes a current address.
- It is your organization's responsibility to assure that the training facility is adequate and opened prior to the training.
- Walk-in participants are welcome. However, we have a limited number of supplies at each training. Therefore, please try to limit walk-ins, if possible.
- Please call our office 48 hours prior to the training date to confirm your attendance and the time and location of the training. (312.603.0987)

I understand and agree to adhere to all of the requirements stipulated on this form for deputy registrar training to be conducted by the Cook County Clerk's office.

Contact Signature: _____ Date: ____/____/____

For additional information, please call **Jonathan Williams** at 312.603.0987 or email
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