



Board of Registrations and Elections
Manuel J. Maloof Center - Room 102
4380 Memorial Drive
Decatur, Georgia 30032
404-298-4020 ♦ FAX 404-298-4038

APPLICATION FOR VOTER REGISTRATION DRIVE

NAME OF ORGANIZATION SPONSORING DRIVE:

NAME, HOME ADDRESS, & TELEPHONE NUMBERS OF PERSON RESPONSIBLE FOR THE DRIVE:

AFFIDAVIT

I, _____, the undersigned, do hereby swear or affirm that the organization sponsoring the proposed registration drive has permission from the owner/operator of the proposed location to conduct the drive on the proposed dates. Furthermore, I understand that failure to conduct said drives in accordance with the laws of this State and policies set forth by the DeKalb County Board of Registrations and Elections will result in termination of the approved voter registration drive.

This _____ day of _____, 20__

Sworn to and subscribed
before me this ____ day
of _____, 20__

Notary Public

Signature of Person Responsible for Drive

Expiration _____

Signature of Organization Officer

(SEAL)

Qualifications of Registrars and Deputy Registrars may be obtained from GEORGIA ELECTION CODE AND RULES OF THE STATE ELECTION BOARD, Code Sections 21-2-212 through 21-2-25.

LIST PROPOSED LOCATIONS, DATES AND HOURS FOR DRIVE

LOCATION	COMPLETE ADDRESS	DATE(S)	HOURS
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

**PERMISSION FORM FOR SITES HOLDING A
VOTER REGISTRATION DRIVE**

As manager/proprietor of _____
(Location)

(Complete Street Address)

I grant permission to _____
(Sponsoring Organization)

to hold a voter registration drive on our premises on the dates and times listed below:

Dates & Times:

Signature

Print Name

Phone Number

DEPUTY REGISTRARS FOR _____ DRIVE
(Name of sponsoring organization)

1.	_____ Name as Registered _____ Street Address _____ City, State, Zip _____ Daytime Phone Number	2.	_____ Name as Registered _____ Street Address _____ City, State, Zip _____ Daytime Phone Number
2.	_____ Name as Registered _____ Street Address _____ City, State, Zip _____ Daytime Phone Number	4.	_____ Name as Registered _____ Street Address _____ City, State, Zip _____ Daytime Phone Number
3.	_____ Name as Registered _____ Street Address _____ City, State, Zip _____ Daytime Phone Number	6.	_____ Name as Registered _____ Street Address _____ City, State, Zip _____ Daytime Phone Number
4.	_____ Name as Registered _____ Street Address _____ City, State, Zip _____ Daytime Phone Number	8.	_____ Name as Registered _____ Street Address _____ City, State, Zip _____ Daytime Phone Number

Signature of Drive Coordinator _____