



## City of Madison

### Special Registration Deputy Certification

Submit to: Madison City Clerk, City-County Building Room 103

210 Martin Luther King Jr Blvd, Madison, WI 53703

Fax: 608-266-4666 ♦ E-mail: [clerk@cityofmadison.com](mailto:clerk@cityofmadison.com)

#### Deputy Identification - please print:

Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_

Organization (if any) \_\_\_\_\_

#### Training Quiz

1. How soon do you need to submit completed registration forms to the City Clerk?

\_\_\_\_\_

2. When does registration close?

\_\_\_\_\_

3. What is the most common problem on registration forms?

\_\_\_\_\_

#### Oath

I solemnly affirm that I have completed the City of Madison Special Registration Deputy training, and will fairly and impartially perform the duties of Special Registration Deputy in and for the City of Madison, in conformance with state and federal election law, to the best of my ability.

\_\_\_\_\_

Signature of Special Registration Deputy