



NASSAU COUNTY BOARD OF ELECTIONS

400 COUNTY SEAT DRIVE
MINEOLA, NY 11501-4800

Time Stamp

Certificate of Examination

PLEASE NOTE: The New York State Freedom of Information Act provides that the custodial agency may take up to five (5) working days to rule on a Freedom of Information request. The Nassau County Board of Elections does not sell any documentats with a voter's signature or social security number.

VIEW checkbox

VIEW

ORDER COPIES checkbox

ORDER COPIES @ .25 PER PAGE PRE-PAID

PETITION OR CERTIFICATE TO BE EXAMINED

Name of Political Party:

Name of Candidate and Political Office

Political Subdivision

PERSON EXAMINING PETITION OR CERTIFICATE

I, THE UNDERSIGNED, AGREE TO ABIDE BY THE RULES AND REGUALTIONS AS LISTED BELOW:

Name Signature

Address Phone

- 1. No person examing any petition or certificate may use or have in their possession a pen or indelible pencil.
2. No person or group may examine any petition or certificate for a period of more than two (2) consecutive hours if another person is waiting to examine the same petition or certificate.
3. An examination of any petition or certificate shall be made only in the general office of the Board and in the presence of one or more employees f the Board of Elections.

For View Only: Please list the names and addresses of all examiners who will be viewing documents: PLEASE PRINT

Name Examiner's Signature

Address Phone #

Name Examiner's Signature

Address Phone #

Name Examiner's Signature

Address Phone #

Name Examiner's Signature

Address Phone #

Requesting Party Information (PLEASE COMPLETE ALL INFORMATION BELOW)

Signature Date

Reason for request

Name

Home Address

City State Zip

Representing

Daytime Phone #

Business Address

City State Zip

FOR BOARD USE ONLY

Submitted by:

Approval:

Rep. Member

Dem. Member

Charge checkbox

Rejected:

Date: