

Election Worker Request

To look up your district please go to: <http://www.halifax.ca/BoundaryReview/index.html#polling>

Name			
Address			
Telephone	Home:	Business: Cell:	
Email			
Which district do you reside in?		Are you an HRM employee? 9 Yes 9 No	
Previous Experience - Please check all that are applicable and provide approximate dates	<input type="checkbox"/> Municipal	<input type="checkbox"/> Provincial	<input type="checkbox"/> Federal
Previous Experience - Position Held	<input type="checkbox"/> DRO	<input type="checkbox"/> PC	<input type="checkbox"/> Supervisor
Work Preference	<input type="checkbox"/> DRO	<input type="checkbox"/> PC	<input type="checkbox"/> Supervisor
Area (District) Preferred			

NOTES:

For more information, please contact Linda Grant, Returning Officer
Phone: 490-8683 Email: election@halifax.ca

Completed applications:
Fax: 490-4208

Mail: Halifax Regional Municipality
Election Office
P.O. Box 1749
Halifax NS B3J 3A5

Drop off: Election Office
City Hall, 2nd floor
1841 Argyle Street, Halifax