

POLL LIST

MASS ELECTION MEETING

_____ **CONSERVATION DISTRICT**

(POLLING PLACE)

(DATE OF ELECTION)

EACH OF THE UNDERSIGNED DOES HEREBY DECLARE THAT HE/SHE IS A QUALIFIED ELECTOR (VOTER) IN _____ COUNTY, STATE OF NEVADA, AND THAT HE/SHE DOES RESIDE WITHIN THE BOUNDARIES OF THE _____ CONSERVATION DISTRICT.

NAME

ADDRESS

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
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9. _____
10. _____
11. _____
12. _____
13. _____
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16. _____
17. _____
18. _____
19. _____
20. _____

WITHIN ONE WEEK AFTER ELECTION MAIL A COPY TO:
COUNTY CLERK, AND
STATE CONSERVATION COMMISSION, DIVISION OF CONSERVATION
DISTRICTS, 901 S. STEWART STREET #5004, CARSON CITY, NV 89701
(775) 684-2760 FAX- (775) 684-2761