

PLACE OF DEPOSIT COLLECTION
WAIMEA POLICE STATION
#3

DATE:	TIME SCHEDULE		COMMENTS
	IN	OUT	
Hawai'i County Building			
Waimea Police Station			
Hawaii County Building			

Total Ballots Picked Up: _____ Initial: _____

I hereby swear that all information furnished on this form is true and correct: Team Member(s):

Signature _____

Print Name _____

Signature _____

Print Name _____

FOR OFFICE USE ONLY

Total Ballot Returned: _____ Signature _____