JOSEPH W. VIZARD City Clerk



KARA R. WILSON Assistant City Clerk

Please let us know if you are interested in being part of our Election Day Team by providing the following information. Return to the Office of the City Clerk Name: Address: State: Zip: City: _____ Email: ____ Cell: _____ Preliminary Election: YES _____ NO ____ Flection: YES NO Position: Warden ____ Clerk ____ Inspector ____ Party _____ W_____ P ____ Ward & Precinct: (If you have worked before) Poll Location: YES _____ NO ____ Are you a city Employee? YES _____ NO ____ Do you serve on a Waltham Board or Commission? If YES, which one? If there is an opening, would you consider being a CLERK _____WARDEN _____