

ELECTION PLANNER

(To be submitted with the signed *Application For Use Of Voting Machines*)

Jurisdiction: _____ **Date of Election:** _____

Responsible Official (Name and Title): _____

Telephone: _____ **FAX:** _____ **e-mail:** _____

Absentee Voting (yes, no): _____ **If "yes", where counted:** _____

Write In Voting (yes, no): _____

Date the names of candidates will be provided: _____

¹ **Voting Machine Training (*requested* date and time):** _____

¹ **Machine Certification (*requested* date and time):** _____

Machine Delivery (*requested* date and time): _____

Machine Post-Election Pickup (*requested* date and time): _____

² **Request the Department of Elections for New Castle County provide:**

³ **Sample Ballots (yes, no):** _____ **Number Requested:** _____

³ **Absentee Ballots (yes, no):** _____ **Number Requested:** _____

Other (Explain): _____

¹ All individuals operating the XL voting machine must be trained by the Department. Dates for training and certification should be requested for the week prior to the election.

² *Technician support is required for all elections. An entity/organization not required to use voting machines to conduct elections by Delaware Code is responsible for paying Department of Elections technicians supporting an election at their overtime rate for time other than normal business hours (Monday through Friday from 8 a.m. until 4:30 p.m. except for state holidays.)*

³ If the requested number exceeds 25, the Department may pass the cost of reproduction and materials on to the entity/organization. If the entity conducting the election wants the ballots printed professionally, the entity is responsible for contracting and paying for that service.

NOTE: The requesting organization must approve the voting machine, sample and absentee ballots before the Department will create machine ballots or print sample and/or absentee ballots.

FOR (Name of entity/organization): _____

DATE: _____ **NAME (Printed):** _____

TITLE: _____ **SIGNATURE:** _____