PUBLIC COUNT CERTIFICATION

20__ _____ General Election

Election Date: ____/_____/_____

Precinct #: _____ Location: _____

PEB SERIAL NUMBERS	MASTER or ACTIVATOR	TERMINAL SERIAL NUMBERS	PUBLIC COUNT (OPENING)	PUBLIC COUNT (CLOSING)

NUMBER OF POLL SLIPS:

DEMOCRAT _____
REPUBLICAN _____
NON PARTISAN _____
TOTAL _____

_____
Signature of #1 Commissioner

_____
Signature of #2 Commissioner

NUMBER OF PROVISIONAL BALLOTS:

DEMOCRAT _____
REPUBLICAN _____
NON PARTISAN _____
TOTAL _____

_____
Signature of #3 Commissioner

_____
Signature of Clerk

NUMBER OF CANCELLED BALLOTS:

DEMOCRAT _____
REPUBLICAN _____
NON PARTISAN _____
TOTAL _____

_____
Signature of Clerk

NOTE: THIS FORM CAN BE USED IN CONJUNCTION WITH THE STATEMENT OF BALLOTS USED.