

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.

	<u>NAME</u>	<u>ADDRESS</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____
16.	_____	_____
17.	_____	_____
18.	_____	_____
19.	_____	_____

Please submit election results within 7 days from the date of the election to:

DCNR - CONSERVATION DISTRICT PROGRAM

BRE@DCNR.NV.GOV

Fax# 775-684-2715

Mail a copy to the County Clerk & Recorder

Please submit election results within 7 days from the date of the election to:

DCNR - CONSERVATION DISTRICT PROGRAM

BRE@DCNR.NV.GOV

Fax# 775-684-2715

Mail a copy to the County Clerk & Recorder