

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	_____	Signature of #1 Commissioner
	NON PARTISAN	_____	_____
	TOTAL	_____	Signature of #2 Commissioner
NUMBER OF PROVISIONAL BALLOTS:	DEMOCRAT	_____	_____
	REPUBLICAN	_____	_____
	NON PARTISAN	_____	Signature of #3 Commissioner
	TOTAL	_____	_____
NUMBER OF CANCELLED BALLOTS:	DEMOCRAT	_____	Signature of Clerk
	REPUBLICAN	_____	_____
	NON PARTISAN	_____	_____
	TOTAL	_____	Signature of Clerk

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