



# City of Beloit Special Registration Deputy Certification

Submit to: Beloit City Clerk, Lori Stottler

100 State Street, Beloit WI, 53511

Fax: 608-364-6642 Phone: 608-364-6680 Email: [StottlerL@beloitwi.gov](mailto:StottlerL@beloitwi.gov)

## Deputy Identification - please print:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_

Organization (if any) \_\_\_\_\_

## Training Quiz

1. How soon do you need to submit completed registration forms to the City Clerk?

\_\_\_\_\_

2. When does registration close?

\_\_\_\_\_

3. What information must appear in the proof of residence type and # boxes?

\_\_\_\_\_

\_\_\_\_\_

## Oath

I \_\_\_\_\_ affirm that I have completed the City of Beloit Special  
(print full name)  
Registration Deputy Training offered online on \_\_\_\_\_. I certify that I am a qualified  
(insert Date)  
elector in Wisconsin, and further promise to fairly and impartially perform the duties of  
Special Registration Deputy in and for the City of Beloit, in conformance with state and  
federal election law, to the best of my ability.

\_\_\_\_\_  
Signature of Special Registration Deputy

\_\_\_\_\_  
Date