MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
WIC AND NUTRITION SERVICES

Voter Registration Application Tally Sheet

PRINT SAVE RESET

DATE SENT	NUMBER OF **YES** FORMS SENT OR **0** FOR WEEK IF NONE WERE SENT	STAFF INITIALS	LOCAL ELECTION AUTHORITY WHERE APPLICATIONS WERE MAILED	COMMENTS

See policy 3.02700 for more information.