

**City of Kenosha Elections
Self-Certification
Election Training**

I, _____, certify that I have read,
reviewed and understand the pollworker training materials for the **2024
Spring/Fall Primary and Spring/Fall Elections** provided by the City Clerk.

Signature

Date: _____

Return to:

City Clerk
Elections Division
625 - 52nd Street, Room 104
Kenosha, WI 53140