## **Media Credential Application**

Applicant Inform	nation *Please ty	pe or print clearly*	
Applicant's Name		Title	
Mobile Phone		Busines	s Phone
Email Address			
News Organizat	ion		
Employment Type (Perma	nent or Freelance)		
Agency/News Organizatio	n		
Website			
Location - Please	e indicate poll location	ns you will be visiting:	
Agreement *Appli	cants agree to review th	ne enclosed Media Guid	elines.*
Division personnel or ager	nts of the Division and	not to interfere or obstr	ion by the Judges of Election, Election uct any authorized person engaged in the help with the Media Guidelines.
Applicant's Signature		Date	
			nay be stored on a smartphone or other presented to the Judges of Election upon
	* DO NOT	WRITE BELOW THIS L	INE *
Received by:	_ Date Received:	Date Issued:	Date Notified: