



FORM EC 8A

Code	0	0	4
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Code

Code_

Code _____

**NAME/SIGNATURE OF
POLLING AGENT**

11/20

_____. (Name of Presiding Officer) hereby certify that the information
 _____ Unit and that the election was
 _____ of votes cast in this polling

contained in this form is a true and
 CONTESTED/NOT CONTESTED
 APPEALING OFFICER

Signature: _____

Sign/Stamp of Presiding Officer

Date _____

6/11/2021