



DELTA

CAPFILE

LIBRARY II

SAFETY OFFICER

AYOMANOR FINISH 2

NAME/SIGNATURE OF
POLLING AGENT

**SCORED
IN WORDS**

**SCORED
IN WORDS**

(Record Total Valid Votes under #7 above)

2nd

Amount: \$6.00

(Name of Presiding Officer) hereby certify that the information

contained in this form is a true and accurate account of votes cast in this polling Unit and that the election was
 CONTESTED/NOT CONTESTED

Date _____

25/02/2023