

**Single Point of Contact
Information Form**

Contact Information

County Name*: _____

Single Point of Contact*: _____

Title: _____

Mailing Address*: _____

State and Zip Code*: _____

E-Mail Address*: _____

Primary Phone #*: _____

Secondary Phone #: _____

Cell Phone #: _____

Fax #*: _____

Questions*

To be answered by the single point of contact listed above (please circle yes or no for each question)

1. Have you been trained on the new HAVA compliant voting systems used by your county?
Yes No
2. Have you been trained on the new UNITY software used by your county?
Yes No
3. Are you the poll worker trainer in your county?
Yes No

If you circled "No" to any of the questions above, please remember that you are the single point of contact and you will be requested to address the status of the topics listed above.

Signatures *

Single Point of Contact Signature

County Board of Election Commission Democratic Member Signature

County Board of Election Commission Republican Member Signature

County Board of Election Commission Third Party Member Signature

***Required**

**Please complete and mail to:
Arkansas Secretary of State's Office
Attn: Single Point of Contact Information
State Capitol, Room 025
Little Rock, Arkansas 72201-1094**