



Philadelphia's New Voting System Demo Signup

Event Date _____

Time staff should arrive to set up: _____ AM / PM

Demo Location*: _____

Address of Demo Location: _____ Philadelphia, PA 191 ____

Demo Start Time: _____ AM / PM

Demo End Time: _____ AM / PM

Name of Requester: _____ Organization (if applicable): _____

Cell Phone: _____ Home/Office Phone: _____

Email: _____ Indoor / Outdoor Electrical Power YES / NO

Is this part of an event? YES / NO If Yes, what event: _____

Day of Contact: _____ Contact Cell Phone _____

Special Instructions: _____

Completed forms can be returned via
Email to vote@phila.gov
Fax to 215-686-1599 ATTN: Greg Irving
Hand delivery to City Hall, Room 142 or 520 N. Columbus Blvd, 5th Floor

Questions? Please call 215-686-1590

***Please note that all demo locations must be wheelchair accessible.**

OFFICE USE ONLY

Staff: _____

Notes: _____

Added to Calendar _____
Initial

Entered in Excel _____
Initial