

NRP ELECTOR REGISTRATION FORM

Neighborhood _____

ELECTOR

Name of Elector _____

Address _____

Minneapolis, MN _____

Phone _____ (home) _____ (work)

E-mail address _____

ELECTOR ALTERNATE

Name of Alternate _____

Address _____

Minneapolis, MN _____

Phone _____ (home) _____ (work)

E-mail address _____

I certify that either the elector or the elector alternate named above is authorized to vote on behalf of our neighborhood at the NRP Election to be held on November 19, 2009.

Name of Board Chair _____ Phone _____

Date _____

Signature of Board Chair

Please return this form to: NRP Election, Crown Roller Mill #425, 105 5th Avenue South, Minneapolis, MN 55401...*Attn: Carsten Slostad.* You may fax this form to NRP673-5138. Call Carsten Slostad (673-5150) with any questions you may have about this election. Carsten's e-mail is cslostad@nrp.org