



**CALEDONIA**

VILLAGE OF CALEDONIA  
6922 Nicholson Road  
Caledonia, Wisconsin 53108  
262-835-4451  
262-835-2388 Fax  
www.caledoniawi.com

**Submit to: Village Clerk** (see address upper right hand corner)

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**Deputy Identification – please print:**

Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_

Organization (if any) \_\_\_\_\_

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**Training Quiz**

1. How soon do you need to submit completed registration forms to the Village Clerk? \_\_\_\_\_
2. When does registration close? \_\_\_\_\_
3. What is the most missed and/or incorrectly answered question on the application? and what should you do? \_\_\_\_\_

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**Oath**

I solemnly affirm that I have completed the Special Registration Deputy training, and will fairly and impartially perform the duties of Special Registration Deputy in and for the Village of Caledonia, in conformance with state and federal election law, to the best of my ability.

\_\_\_\_\_  
Signature of Special Registration Deputy