

Ballot Security Record | <Election Date>

Red Ballot Box

<Polling Location Name>

1. <Precinct Name>

Top Seal (DO NOT REMOVE)	Monday Night Beginning Seal	Monday Night Closing Seal	Tuesday Morning Beginning Seal	Tuesday Night Closing Seal
A.	B.	C.	D.	E.

Gray Ballot Box

2. <Precinct Name>

Monday Night Beginning Seal	Monday Night Closing Seal	Tuesday Morning Beginning Seal	Tuesday Night Closing Seal
A.	B.	C.	D.

3. <Precinct Name>

Monday Night Beginning Seal	Monday Night Closing Seal	Tuesday Morning Beginning Seal	Tuesday Night Closing Seal
A.	B.	C.	D.

4. <Precinct Name>

Monday Night Beginning Seal	Monday Night Closing Seal	Tuesday Morning Beginning Seal	Tuesday Night Closing Seal
A.	B.	C.	D.

5. <Precinct Name>

Monday Night Beginning Seal	Monday Night Closing Seal	Tuesday Morning Beginning Seal	Tuesday Night Closing Seal
A.	B.	C.	D.

Signature of Election Official: _____

Signature of Opposing Party Official: _____

Pack me inside:
Any GRAY Ballot Box