

If one of these is provided to your polling place, the employees listed can vouch for an unlimited number of residents of the facility in which they work. Alternatively, employees can prove their employment by showing an employee ID or a statement on facility letterhead signed and dated by the manager or equivalent officer.



Office of the Minnesota Secretary of State

Office Use Only	
Ward	<u>1</u>
Precinct	<u>8</u>

CERTIFIED LIST OF EMPLOYEES OF RESIDENTIAL FACILITIES

Instructions

Submit completed form to County Auditor no less than 20 days before the election. Contact information for auditors may be found on the [Office of Secretary of State website](http://www.sos.state.mn.us) (<http://www.sos.state.mn.us>) under Election Official Directory.

Facility Information

Facility Name	<u>Residential Facility</u>		
Street Address	<u>1234 River St.</u>		
City	<u>Minneapolis</u>	State	<u>MN</u>
		Zip Code	<u>55403</u>

Select type of Facility:

- A transitional housing facility defined in *Minnesota Statutes* 256E.33, subd. 1
- A supervised living facility licensed by the commissioner of health under *Minnesota Statutes* 144.50, subd. 6
- A nursing home as defined in *Minnesota Statutes* 144A.01, subd. 5
- A residence registered with the commissioner of health as a housing with services establishment as defined in *Minnesota Statutes* 144D.01, subd. 4
- A veterans home operated by the board of directors of the Minnesota Veterans Homes under *Minnesota Statutes* 198
- A residence licensed by the commissioner of human services to provide a residential program as defined in *Minnesota Statutes* 245A.02, subd. 14
- A residential facility for persons with a developmental disability licensed by the commissioner of human services under *Minnesota Statutes* 252.28
- Group residential housing as defined in *Minnesota Statutes* 256I.03, subd. 3
- A shelter for battered women as defined in *Minnesota Statutes* 611A.37, subd. 4
- A supervised publicly or privately operated shelter or dwelling designed to provide temporary living accommodations for the homeless.

Employee List

<u>Jason Nameth</u>	
<u>Omar Hassan</u>	
<u>Nari Fowler</u>	

Attach additional sheets for employee names if necessary

Certification

Pursuant to *Minnesota Statutes* 201.061, subd. 3, I certify that employees of this facility listed above may vouch on election day for eligible voters who are residents of this facility.

Name	<u>Robert Smith</u>	Title at Facility	<u>Director</u>
Signature	<u>Robert Smith</u>	Date	<u>9/30/2016</u>
Email	<u>Robert.Smith@residentialfacility.org</u>	Phone	<u>612-123-4567</u>