



*Bobbie Holclaw*  
JEFFERSON COUNTY CLERK

# 2025 Jefferson County Clerk's Office "LICENSE TO VOTE" Participation Application

To be filled out by school administrator:

School Information			
School _____			
Address _____			
Division	<input type="checkbox"/> Elementary School	<input type="checkbox"/> Middle School	<input type="checkbox"/> High School

School Point of Contact

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Job Title \_\_\_\_\_

Contact Number(s) \_\_\_\_\_

Contact Email(s) \_\_\_\_\_

Please return the application to **Johnathan Jessop, Events Administrator**,  
via email: [JJessop@JeffersonCountyClerk.org](mailto:JJessop@JeffersonCountyClerk.org) or fax: 502.584.3213

Applications must be received by Friday, November 22.

