



# INDEPENDENT NATIONAL ELECTORAL COMMISSION

## STATEMENT OF BILLIET OF POLL FROM POLLING UNIT

### INDEPENDENT ELECTION

IN/PE/00000000

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Name: \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_  
 Local Government Area: \_\_\_\_\_ District: \_\_\_\_\_  
 Polling Unit: \_\_\_\_\_ Ward: \_\_\_\_\_  
 Polling Station: \_\_\_\_\_

- ☐ 1. Number of Polling Stations
- ☐ 2. Number of Polling Stations
- ☐ 3. Number of Polling Stations
- ☐ 4. Number of Polling Stations
- ☐ 5. Number of Polling Stations
- ☐ 6. Number of Polling Stations
- ☐ 7. Number of Polling Stations
- ☐ 8. Number of Polling Stations
- ☐ 9. Number of Polling Stations
- ☐ 10. Number of Polling Stations
- ☐ 11. Number of Polling Stations
- ☐ 12. Number of Polling Stations
- ☐ 13. Number of Polling Stations
- ☐ 14. Number of Polling Stations
- ☐ 15. Number of Polling Stations
- ☐ 16. Number of Polling Stations
- ☐ 17. Number of Polling Stations
- ☐ 18. Number of Polling Stations
- ☐ 19. Number of Polling Stations
- ☐ 20. Number of Polling Stations

S/N	NAME OF POLLING STATION	VOTES		TOTAL VOTES
		FOR	AGAINST	
1	1			
2	2			
3	3			
4	4			
5	5			
6	6			
7	7			
8	8			
9	9			
10	10			
11	11			
12	12			
13	13			
14	14			
15	15			
16	16			
17	17			
18	18			
19	19			
20	20			

TOTAL VOTES: \_\_\_\_\_

NOTE: The Polling Station Clerk must ensure that the Billiet of Poll is filled in the form and submitted to the Polling Station Clerk for verification.



Signature: \_\_\_\_\_