

MARICOPA COUNTY REPUBLICANS

Request for Precinct Committeeman Appointment

Congressional District	SupervisorDistrict	Legislative District	Precinct # and Precinct Name	
Number of PC's	authorized for Prec	inct	Number of Vacancies _	
			pard of Supervisors that OMMITTEEMAN in th	at the following named e above named precinct.
FULL AN	ID COMPLETE NA	ME AS REGISTE	RED TO VOTE. PLEA	SE PRINT OR TYPE
		Street / City	/ Zip Code	
		Mailing Addres	s, if Different	
Phone	Dat	e of Birth	Voter ID#	
Email Address				
Please initial be	elow:			
			receive official call le	tters from my legislative given above.
<u>VERIFY T</u>	HAT THE INDIVID	UAL IS REGISTE	RED TO VOTE AT THI	E ABOVE ADDRESS
Applicant's Signa	ature			Date
Precinct Captain	's signature, if appli	cable		Date
District Chairman	n's signature			Date
MCRC Chairman	n signature			Date