

MARICOPA COUNTY REPUBLICAN COMMITTEE

15440 N 35th Ave, Suite 4, Phoenix, AZ 85053

602-957-3999 -- Call for Fax or Email signed copy to: MCRCWest@Maricopagop.org

Request for Precinct Committeeman Appointment

Congressional District _____ Supervisor District _____ Legislative District _____ Precinct _____

Request is hereby made to the Chairman of the (above) designated District and the Chairman of the Maricopa County Republican Committee, that the following named Person be appointed to the office indicated below:

PRECINCT COMMITTEEMAN (P. C.)

FULL AND COMPLETE NAME AS REGISTERED TO VOTE. PLEASE PRINT OR TYPE

Street/City/Zip Code

Mailing Address, if Different

Home Phone

Cell Phone

Email address

Voter ID#

DATE OF BIRTH

Number of PC's authorized for Precinct _____

Number of Vacancies _____

VERIFY THAT THE INDIVIDUAL IS REGISTERED TO VOTE AT THE ABOVE ADDRESS

Applicant's Signature

Date

Precinct Captain's signature, if applicable

Date

District Chairman's signature

Date

Delivered to M.C.R.C. Headquarters on (date) _____

Received by _____ on _____
Print name date