

Request is hereby made of the Maricopa County Republican Committee (MCRC) Chairman that the following named Person be appointed to the office of **PRECINCT COMMITTEEMAN** in the below-named Precinct:

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

Precino	ct				
Congressional District		Supervisor	District	Legislative District	Legislative District
Numbe	er of PCs authorized fo	or Precinct	Numb	er of Vacancies	
	Street Addre	ess	City	Zip Code	
Phone		Date of Birth		Voter Registration #	
		F			
			ail Address	OW:	
		nitteeman, I opt in t	o receive offic	corr. sial Call Letters from my Legislative District ail address provided above.	•,
	VERIFY THAT THE IN	DIVIDUAL IS REG	ISTERED TO	VOTE AT THE ABOVE ADDRESS.	
Applicar	nt's Signature			Date	
Precinct Captain's signature (if applicable)				Date	
Legislative District Chairman's signature				Date	
MCRC Chairman's signature				Date	