

Pima County Elections Department 6550 S Country Club Rd Tucson, AZ 85756 (520) 724-6830

PRECINCT #						
DE	M		REP			
LB	Т		GRN			
AP	APPOINTMENT					
RE	RESIGNATION					

PRECINCT COMMITTEEMAN APPOINTMENT/RESIGNATION FORM

PRECINCT COMMITTEEMAN I	NFORMA [*]	TION REQUIRED BY PIMA C	DUNTY ELECTION	ONS DEPARTMENT		
LAST NAME		FIRST NAME	MIDDLE INITIAL			
RESIDENTIAL ADDRESS	CITY/TOWN		ZIP CODE			
MAILING ADDRESS (IF APPLICABLE)		CITY/TOWN				
PHONE NUMBER		EMAIL ADDRESS				
SIGNATURE OF APPOINTEE OR RESIGNEE			DATE			
All Precinct Committeeman ap		ts must be submitted by the pair's signature required be	-	(A.R.S. §16-821(B)).		
AUTHORIZED SIGNATURE OF PARTY CHAIR		PRINTED NAME OF PARTY CHAIR		DATE		
OPTIONAL INFORMATION FOR F	PARTY USI	= – NOT REOUIRED BY PIMA	COUNTY ELEC	TIONS DEPARTMENT		
VAN ID	LD#	CD #		SUP#		
REFERRED BY	I	REASON FOR RESIGNATION	L			
LD CHAIR (or DESIGNEE) SIGNATURE		PRINTED NAME OF LD CHAIR (or DESIGNEE)		DATE		
FOR PII	MA COUN	TY ELECTION DEPARTMENT	USE ONLY			
TO BE COMPLETED BEFORE BOS MEETING TO BE COMPLETED AFTER				ING		
VR Verified by: Years/Term of Office:						
Date Verified:		Approved by BOS:	YES or NO			
PC Positions Allotted:	Updated PC Positions Filled:					
PC Positions Filled:	Entered in Master F	Entered in Master File				
Date of BOS Meeting: Appointment Notification Mailed						