

Precinct Committeeperson Appointment Form



Pinal County Elections Department
31 N. Pinal Street Building E PO Box 848
Florence, AZ 85132
Phone 520-866-6845 Fax 520-866-6872

RECEIVED
OFFICE USE ONLY

Party: Democrat Republican

Precinct # _____

Please accept the Appointment Resignation

of the following individual as a Precinct Committeeperson:

| | | |
|-----------|------------|----------------|
| Last Name | First Name | Middle Initial |
|-----------|------------|----------------|

Residence Address

Mailing Address (if different than above)

| | | | |
|-----------|----------|-------------|---------------|
| City/Town | Zip Code | Telephone # | Email Address |
|-----------|----------|-------------|---------------|

| | |
|------------------------------------|------|
| Signature of Appointee or Resignee | Date |
|------------------------------------|------|

All Precinct Committee appointments are submitted by the County Chair (ARS 16-821 B). County Chair's signature required below:

| | |
|-------------------------------------|------|
| Authorized Signature of Party Chair | Date |
|-------------------------------------|------|