MARICOPA COUNTY

Request to Determine That a Vacancy Exists

To the Maricopa County Board of Supervisors:

I, _____, Chairman of the Maricopa County _____ Party, hereby submit this request that you determine that the Precinct Committeeman office, formerly held by the person whose name is submitted below, is vacant.

Cause of the Vacancy:

☐ Moved ☐ Party Change ☐ Deceased ☐ Resigned ☐ Other

If "Resigned," please attach a copy of the resignation letter. If "Other," please provide the reason below:

_____.

Precinct Committeeman is currently serving in:

Precinct Number: _____ Precinct Name: _____

Precinct Committeeman whose office is vacant:

_____
Name *(as appears on voter registration)*

_____
Residential Address *(including city, state, zip code)*

_____
Mailing Address *(if different)*

_____ _____ _____ _____
Voter ID Number | Congressional District | Legislative District | Supervisorial District

_____ _____
Telephone | Email Address

_____ _____
Signature of Precinct Committeeman *(required only for resignations)* | Date

_____ _____
Signature of County Party Chairman | Date