



PIMA COUNTY DEMOCRATIC PARTY

4639 E 1ST ST
TUCSON, AZ 85711

For official date/time stamp only

**Precinct Committeeperson
Appointment Form**

Precinct # _____ VAN ID _____

LD # _____ LD Chair Signature _____

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 must be submitted by the County Chair (ARS 16-821B).
County Chair's signature required below:**

Authorized Signature of Party Chair Date

FOR PIMA COUNTY ELECTION DEPARTMENT USE ONLY:

VR Verified by: _____ Date: _____

of PC Positions Allotted: _____

Date of BOS Meeting: _____

COMPLETE ITEMS BELOW AFTER BOS MEETING DATE

Years/Term of Office: _____

of Current PC Positions: _____

Approval Recommended: Yes or No

Appointment Notification Mailed

Entered Into Master File