

**POLITICAL REQUEST**

DATE OF REQUEST: \_\_\_\_\_ NAME OF LEGALLY QUALIFIED CANDIDATE: \_\_\_\_\_

OFFICE SOUGHT: \_\_\_\_\_ PARTY AFFILIATION: \_\_\_\_\_

CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

AGENCY: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

DATE OF ELECTION: \_\_\_\_\_ SPECIAL / PRIMARY / GENERAL

INFORMATION REQUESTED: \_\_\_\_\_

\_\_\_\_\_

INFORMATION PROVIDED (IF DIFFERENT THAN REQUESTED): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE INFORMATION PROVIDED: \_\_\_\_\_ STATION REPRESENTATIVE \_\_\_\_\_