

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 _____