REQUEST FORM/WATCHER CERTIFICATES

Pick-Up By: _____ **Date:** _____
(Name)

Contact Info: _____
(Phone and/or Email)

Watcher Name	Complete Registered Address	Precinct Appointed to Watch

I am a candidate for the office of: _____
Candidate's Political Party: _____
Candidate/Printed Name Legibly: _____
Candidate/Written Signature: _____
Candidate Address: _____
_____