

MARICOPA COUNTY REPUBLICAN COMMITTEE

Submission of resignation from the office of:

____ Precinct Committeeman

____ State Committeeman

____ Precinct Captain

For _____ Precinct, Legislative District _____

Reason for resignation:

____ Moved out of Precinct

____ Moved out of County

____ No longer able to Serve

Name _____ Phone _____

Address _____ Zip Code _____

Signature _____ Date _____

(if available)

New Address _____ Zip Code _____

Phone _____

_____ Date _____

District Chairman's Signature

Date Processed at MCRC _____