## **WATCHER'S CERTIFICATE REQUEST FORM**

## (Please Print) COMPLETE THE ENTIRE FORM OR IT WILL BE REJECTED

DAIE:	
NAME:	
ADDRESS:	
DATE OF BIRTH:	
PARTY AFFILIATION:	
PARTY/CANDIDATE:	
(WHO ARE YOU WATCHING FOR)	
WHERE WATCHING:	
(PRECINCT)	
PHONE NUMBER:	
SIGNATURE:	
WHO IS PICKING UP CERTIFICATE:	

PLEASE DROP OFF YOUR REQUEST FORM (NO PICTURES)