Allegheny County Democratic Committee
Appointment Request Form

Dear Committee Chair: Submission of this form is not a guarantee that an appointment will be made. Please provide all the information that completes this form. For elected officers, a copy of minutes documenting that vote must be attached.

Municipality	

FOR APPOINTMENT REQUEST: All information request ed in this section pertains to the potential committee person

Voter Registration Name of Person to be Appointed	

Ward		District		Seat (male/female)	

Address		City	
Zip Code		Cell	

Email Address	
Date of Birth (for Voter Registration confirmation)	

CHAIRPERSON PLEASE COMPLETE:

Committee Chair Signature	
Committee Chair Name **Please print clearly**	
Date	

—----------FOR OFFICE USE----------

VB Conf: _____ Processor: _____

Date Processed: _____ VB#: _____