Allegheny County Democratic Committee
REMOVAL Form

Dear Committee Chair: Please provide all the information that completes this form. Any missing information will prevent the request from being processed. Document(s) of member resignation (from the member) or other supporting documents need to be attached.

Municipality	

Name of Person to be Removed	

Ward		District		Seat (male/female)	

Committee Position (If applicable)	

Person is being removed from ◯ **COMMITTEE** ◯ **OFFICER POSITION**

Reason for the Removal	
	If the member is resigning, a resignation letter from the member must be attached.

PLEASE COMPLETE:

Committee Chair Signature	
Committee Chair Name	
Date	

Documents attached: ☐ Resignation letter from member ☐ Other supporting document

Optional. Leave unchecked if no document is available (for example, if the member is deceased).

—----------FOR OFFICE USE----------

VB Conf: _____ Processor: _____

Date Processed: _____ VB#: _____