

MOHAVE COUNTY ELECTIONS CANDIDATE CONTACT FORM

FOR OFFICE USE ONLY	
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DATE				
Candidates involved with county ele	ections are requeste	d to file this form with th	e Mohave County Elections Department.	
	rovided, please indic		Il need to contact you IMMEDIATELY reach you in the event of a challenge or	
			s your agent to receive service of process in y be subject to a public records request.	
CANDIDATE INFORMATION				
CANDIDATE NAME	OFFICE SOUGHT		EMAIL ADDRESS	
HOME PHONE	CELL PHONE		WORK PHONE	
If you already have a candidate com	mittee, please com	plete this section.		
COMMITTEE CHAIRMAN		EMAIL ADDRESS		
HOME PHONE	CELL PHONE		WORK PHONE	