

WATCHER'S CERTIFICATE REQUEST FORM

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

DATE: _____

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: _____

FAX- 570-517-3856 OR DROP OFF (NO PICTURES)