

**REQUEST
FOR APPOINTMENT OF A
CERTIFIED ELECTION MONITOR**

STATE OF ARKANSAS

COUNTY OF _____

I, _____, the undersigned, hereby request that a monitor be sent to observe the administration of the election to be held on the _____ day of _____ in _____ County, Arkansas for the following reasons (attach additional sheets if needed and enclose any supporting documentation or relevant evidence):

DECLARATION

I, _____, hereby declare under penalty of perjury this _____ day of _____ that the foregoing statements, comments, and information contained herein are true and correct to the best of my knowledge.

Signature of Requestor: _____

Home Address: _____ Day Phone: _____
(Street, City, State, Zip)

Remit to: State Board of Election Commissioners
501 Woodlane, Suite 401N
Little Rock, Arkansas 72201
(501) 682-1834 (800) 411-6996