Mandatory Meeting Excuse Form

Name: ___________________________________________________________ Date: ______________________

Phone: ___________________________ E-mail: ________________________________

Party/Independent: ___________________________ Position (be specific): ________________

736.0 All candidates must attend or face disqualification. However, the Election Commissioner or the Supervisor of Elections may excuse a candidate for a good cause shown.

This form must be turned in by 12:00 PM Thursday, September 7th, 2017. Please use the following space to write your excuse.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Your signature: _________________________________________________________

The space below is for Official Use Only by the Supervisor of Elections/Election Commissioner

APPROVED_________________________ NOT APPROVED______________________

COMMENTS:________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
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