

COUNTY OF ESSEX

APPOINTMENT OF CHALLENGERS AND ALTERNATES

Candidate Municipality _____

Name of Candidate _____

Daytime Phone Number _____

I wish to apply for challengers to serve on my behalf at the _____

ELECTION being held on _____, **20**____. I understand that all challengers must be registered voters of the County of Essex.

<u>Ward</u>	<u>District</u>	<u>Name</u>	<u>Address</u>
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