



REQUEST FOR PCP CONTACT INFORMATION

Date: _____

Name: _____
(Please Print)

Candidate Position: _____

*What email will be used for emailing PCPs? _____

Reason for Request: _____

Date when list is needed: _____

By signing this form, I attest that I will not share the PCP list or give any contact information contained thereon to anyone. All contact information is confidential.

Signature: _____

Please submit request form to pcplist@washcodems.org

Approved Denied

Secretary Date: _____

If Denied, explain:

Executive Board Override Date: _____

**A listserv link will be provided to you after this request is forwarded to the IT Chair. Only one email may be used to email PCP's. This listserv link will be deactivated after the election. A spreadsheet with names/phone numbers will also be emailed to you.*