CITY OF NEW CARROLLTON
ELECTION COMPLAINT FORM

PLEASE PRINT ALL INFORMATION

Name of Complainant_____

Street Address _____

City_____ State _____Zip Code_____

Daytime Phone Number_____ Fax Number _____

E-Mail Address _____

Complaint against the following person(s)(include contact information, if known)_____

_____

_____

_____

_____

Please explain the basis for your complaint, If necessary, attach additional sheets.

_____

_____

_____

_____

Date alleged violation occurred: _____

I, _____, hereby declare, under the penalties of perjury, that the information provided in connection with this complaint is, to the best of my knowledge, true and correct.

As prescribed in City of New Carrollton Code Chapter 50 Elections (Section 50-15 Complaints)

_____ _____

Signature of Complainant Date

Administrative Office Use Only
Date/Time Received:

_____ _____ _____

Signature **Date** **Time**