

**ACCRTA
MENTOR REQUEST**

Name: _____

Address: _____

City: _____ **Zip:** _____

Phone: _____ **Fax:** _____

Email: _____

**Please circle city class size: Large First Class First Class
Second Class Or Incorporated Town**

Elected: Y N When: _____

Appointed: Y N When: _____

I would like assistance with: _____

Please return form to:



**Charlotte Goodwin, R/T, CMC, CAMC
ACCRTA Mentor Chair
P.O. Box 280
City of Ash Flat, AR 72513-0280
Email: afclerk@ashflat-ar.org
Fax: 870-994-3168**