

**ACCRTA
MENTOR REQUEST**

**Mentor (noun): a trusted counselor or guide; also: tutor, coach
(Please Print)**

Name: _____

Address: _____

City: _____ **Zip:** _____

Phone: _____ **Fax:** _____

Email: _____

**City Class: (Circle One) Large First Class First Class
Second Class Incorporated Town**

Date Elected: _____

Date Appointed: _____

Accounting Software: _____

I would like assistance with: _____

Please return to:
**Ann Sutton C/T CMC
ACCRTA Mentor Chair
101 South Main
Fordyce, AR 71742
Email: annsutton@windstream.net
Phone: 870-352-2199
Fax: 870-352-8610**