

Signature Sheet | Local Recall

SOME circulators NO circulators for this petition are being paid.



Petition ID _____

Petition for Recall of	Title office and district	Date Prospective Petition Filed
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Chief Petitioner's Name, City and State of residence. The chief petitioner's reasons for demanding the recall are available for review on the reverse side of this sheet.

! It is against the law to sign a petition more than one time. Signers of this page must be active registered voters in the district listed above. Initial any changes the circulator makes to your printed name, residence address or date you signed the petition.

Signature	Date Signed mm/dd/yy	Print Name	Residence or Mailing Address street, city, zip code
1			
2			
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Circulator Certification This certification **must** be completed by the circulator and additional signatures **should not** be collected on this sheet once the certification has been signed and dated! I hereby certify that I witnessed the signing of the signature sheet by each individual whose signature appears on the signature sheet, and I believe each person is a voter qualified to sign the petition (ORS 249.061).

Circulator Signature **Date Signed** mm/dd/yy Initial any change you make to the date signed.

Printed Name of Circulator **Circulator's Address** street, city, zip code

Sheet Number
Completed by Chief Petitioner