


Signature Sheet | Local Recall

Petition ID _____


Signatures for this petition are being gathered by PAID Circulators VOLUNTEER Circulators

 It is against the law to sign a petition more than one time.

County _____

Chief Petitioner Information The chief petitioner's reasons for demanding the recall are available for review on the reverse side of this sheet.	
Name	Address

Petition for Recall of:		
Public Officer Name	Title office and district	Date Prospective Petition Filed mm/dd/yy

 This is a recall petition. 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			
3			
4			
5			
6			
7			
8			
9			
10			

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	Sheet Number Completed by chief petitioner
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Printed Name of Circulator	Circulator's Address street, city, zip code
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