

Local Recall Signature Sheet

Petition ID _____

! Do not sign this petition more than once.
It is unlawful to sign a petition more than one time.

Chief Petitioner Name	Petition circulators will be paid: (mark one) <input type="radio"/> Yes <input type="radio"/> No
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This is a recall petition. Signers of this page must be active registered voters in the following county only:

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

Note: A copy of the petition setting forth the reasons for demanding the recall is printed on the back of this signature sheet. (Oregon Constitution Article II, §18)

→ Signers must initial any changes that they or the circulator makes to their printed name, residence address or date they signed the petition

Signature	Date Signed	Print Name	Residence or Mailing Address
	mm/dd/yy		street, city, zip code
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Circulator Certification This certification **must** be signed by the circulator!

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 individual is an elector. (ORS 249.865, ORS 198.430) **Warning!** Falsely signing this statement may result in conviction of a felony with a fine of up to \$125,000 and/or prison for up to 5 years. (ORS 260.715)

Circulator Signature	Date Signed mm/dd/yy
Printed Name of Circulator	Circulator's Address street, city, zip code

County Elections Official Certification

I hereby certify _____ signatures on this petition are those of active registered voters in _____ County/City/District of Oregon.

Signature of County Elections Official	Date Signed mm/dd/yy
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Sheet Number _____