

APPLICATION FOR RECALL PETITION SERIAL NUMBER

THE CLERK'S DATE-AND-TIME-MARKED COPY OF THIS APPLICATION MUST BE ATTACHED TO EACH PETITION SHEET.

TO: CITY/TOWN CLERK

The undersigned intends to circulate and file a recall petition demanding the recall of:

Name

Title of Office Held

I hereby make application for the issuance of an official serial number that shall appear in the lower right-hand corner on each side of each signature sheet of such petition.

The grounds of the recall are as follows: (Enter a general statement in not more than 200 words the grounds of the demand for the recall).

Signature of Applicant

Printed Name of Applicant

Address

City State Zip

Telephone Number

Email Address

Name of Organization (if any)

Address

City State Zip

Telephone Number Email Address

Name of Officer and Title

Address

City State Zip

Telephone Number Email Address

Name of Officer and Title

Address

City State Zip

Telephone Number

Email Address

Date of Application _____
Signatures Required _____
Deadline for Filing _____
Serial Number Issued _____
FOR OFFICE USE ONLY

A recall petition submitted more than 120 days from the date this application is submitted shall not be accepted for verification pursuant to A.R.S. § 19-203.