

Recall Petition

We, the qualified electors of the electoral district from which _____ was elected, demand his recall.
 The grounds of this demand for recall are as follows: _____
(Name and title of office)

(State in two hundred words or less the grounds of the demand)

Signature	Name (first and last name printed)	Actual address (street & no. and if no street address, describe residence location)	Arizona post office address & zip code	City or town (if any)	Date signed
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Instructions for Circulators

- 1. All petitions shall be signed by circulator.
- 2. Circulator is not required to be a resident of this state but otherwise must be qualified to register to vote in this state and, if not a resident of this state, shall register as a circulator with the secretary of state.
- 3. Circulator's name shall be typed or printed under such person's signature.
- 4. Circulator's actual residence address or, if no street address, a description of residence location shall be included on the petition.

Affidavit of Circulator

State of Arizona)
)
 County of _____) ss.:
 (Where notarized)

I, _____, a person who is not required to be a resident of this state but who is otherwise qualified to register to vote in the county of _____ (Print Name)

_____, in the state of Arizona at all times during my circulation of this petition sheet, and under the penalty of a class 1 misdemeanor, depose and say that subject to Section 19-115, Arizona Revised Statutes, each individual printed the individual's own name and address and signed this sheet of the foregoing petition in my presence on the date indicated, and I believe that each signer's name and residence address or post office address are correctly stated and that each signer is a qualified elector of the state of Arizona (or in the case of a city, town or county measure, of the city, town or county affected by the recall) and that I am qualified to register to vote and all signers of this petition are qualified to vote in the recall election.

(Signature of affiant) _____
 (Typed or Printed Name) _____
 (Residence address, street and number of affiant, or if no street address, a description of residence location) _____

Subscribed and sworn to before me on _____ (Date)

 Notary Public
 _____, Arizona.

My commission expires on _____ (Date)

Number _____