

Required type sizes
not less than:

PETITION FOR THE RECALL OF

**To be completed by the
Recall Election Official**

10 pt.

FROM THE OFFICE OF

Total # Pages _____

Total # Signatures _____

Filing Date _____

8 pt.

COMMITTEE TO RECALL _____ **FROM THE OFFICE OF** _____

We the undersigned are registered to vote in _____ and are sponsors of the recall committee.
We support the recall of the official named above and accept the responsibilities associated with serving on the recall committee.

1. _____
Signature _____ Print Name _____
Residence or Business Address _____ Municipality _____
2. _____
Signature _____ Print Name _____
Residence or Business Address _____ Municipality _____
3. _____
Signature _____ Print Name _____
Residence or Business Address _____ Municipality _____

The recall election shall be held at the next general election, or regular election as appropriate.
If a Special Election has been requested, notice to be printed here with the estimated cost of the election.

8 pt.

**STATEMENT OF THE RECALL COMMITTEE
OR DECLARATION THAT NO STATEMENT WAS PROVIDED**

Optional - not to exceed 200 words

8 pt.

**ANSWER OR DECLARATION THAT NO ANSWER
WAS PROVIDED BY THE ELECTED OFFICIAL**

If the recall committee filed a statement of reason
Optional - not to exceed 200 words

The Circular of this petition is a registered voter in the jurisdiction of the elected official/office listed above.

(If appropriate)

10 pt. The circular of this petition is paid by _____

The format of this petition has been approved by the appropriate Recall Election Official.

(Signature) _____

(Title) _____

10 pt. _____ (County)

10 pt. Only eligible persons residing in _____ (jurisdiction of the office holder) shall sign this page.

Signature and residence address of registered voters:

1. _____
Signature _____ Print Name _____
Residence Address (Number and Street) _____ Municipality _____
or designation of residence adequate to readily determine location

I had the opportunity to review the information on the first page of this petition. Date _____

2. _____
Signature _____ Print Name _____
Residence Address (Number and Street) _____ Municipality _____
or designation of residence adequate to readily determine location

I had the opportunity to review the information on the first page of this petition. Date _____

3. _____
Signature _____ Print Name _____
Residence Address (Number and Street) _____ Municipality _____
or designation of residence adequate to readily determine location

I had the opportunity to review the information on the first page of this petition. Date _____

4. _____
Signature _____ Print Name _____
Residence Address (Number and Street) _____ Municipality _____
or designation of residence adequate to readily determine location

I had the opportunity to review the information on the first page of this petition. Date _____

5. _____
Signature _____ Print Name _____
Residence Address (Number and Street) _____ Municipality _____
or designation of residence adequate to readily determine location

I had the opportunity to review the information on the first page of this petition. Date _____

6. _____
Signature _____ Print Name _____
Residence Address (Number and Street) _____ Municipality _____
or designation of residence adequate to readily determine location

I had the opportunity to review the information on the first page of this petition. Date _____

REQUIRED FOR EACH SIGNATURE PAGE

State of New Jersey :
: ss.
County of :

I, _____ (Print) , being duly sworn, upon my oath depose and say that my address is _____ (Print) , that I assumed responsibility for circulating this petition; that I witnessed the signing of this page by each person whose signature appears thereon; that to the best of my information and belief, the signers are legal residents of the state and the county in which this petition was circulated and that this section was circulated in absolute good faith for the purpose of causing the recall of the elected official named in this petition. The dates between which signatures to this page were collected are _____ (Date) and _____ (Date). The aforesaid information is true and correct.

Sworn and subscribed to before me at

_____ day of _____

20 _____

Signature of Circulator