

PETITION FOR THE RECALL OF _____
FROM THE OFFICE OF _____

To be completed by the
Recall Election Official

Total # Pages_____

Total # Signatures _____

Filing Date _____

COMMITTEE TO RECALL _____ FROM THE OFFICE OF _____

We the undersigned certify we 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 (Number and Street)	_____ Municipality
		_____ Zip Code
2.	_____ Signature	_____ Print Name
	_____ Residence or Business Address (Number and Street)	_____ Municipality
		_____ Zip Code
3.	_____ Signature	_____ Print Name
	_____ Residence or Business Address (Number and Street)	_____ Municipality
		_____ Zip Code

- **STATEMENT OF THE RECALL COMMITTEE OR DECLARATION THAT NO STATEMENT WAS PROVIDED** (Optional- not to exceed 200 words)

A circulator of a recall petition shall not be required to be a registered voter, but shall be voter eligible, which means at least 18 years of age, a resident of this State, a citizen of the United States, and not otherwise disqualified under the New Jersey Constitution.

(If appropriate)
The circulator of this petition is paid by _____

THE FORMAT OF THIS PETITION HAS BEEN APPROVED BY THE APPROPRIATE RECALL
ELECTION OFFICIAL.

(Signature) _____

(Title) _____

(Date) _____

PETITION FOR THE RECALL OF _____ FROM THE OFFICE OF _____

Only eligible persons residing in _____ shall sign this page

Signature and residence address of **registered voters**:

1.

Signature

Print Name

Residence Address (Number and Street)

Municipality

Zip Code

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

Zip Code

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

Zip Code

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

Zip Code

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

Zip Code

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 _____/_____/_____ and _____/_____/_____/.

(Date)(Date)
The aforesaid information is true and correct.

Sworn and subscribed to before me at

(Signature of Circulator/Witness)

_____ day of _____, 20_____
(Day)(Month)(Year)