

To be completed by the Recall Election Official

PETITION FOR THE RECALL OF _____

Total # Pages _____

FROM THE OFFICE OF _____

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 _____ County 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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

_____ N.J., on
(List County where Affidavit was signed and notarized)

(Signature of Circulator/Witness)

this _____ day of
(Day)

(Residence Address of Circulator/Witness)

_____, 20____
(Month) ear)

(City or Town of Circulator/Witness)

(Zip Code)

(Notary Signature)

(My Commission Expires)

(Place Notary Stamp in the area above)