

BARCODE

It is unlawful to sign this petition before it has a serial number.

PAID CIRCULATOR  VOLUNTEER

### Recall Petition

COUNTY

We, the qualified electors of the electoral district from which  
The grounds of this demand for recall are as follows:

was elected, demand recall

	Signature	Printed Name			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
		First	MI	Last				
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

SAMPLE  
NOT FOR CIRCULATION

BARCODE

### Instructions for Circulators

1. All circulators shall sign the Affidavit of Circulator.
2. Paid circulators, whether a resident of Arizona or another state, circulating for a statewide initiative shall register with the secretary of state before circulating petitions.
3. Circulator is not required to be a resident of this state but otherwise must be qualified to vote in this state.
4. Circulators shall include their actual residence address or, if no street address, a description of their residence location.

### Affidavit of Circulator

State of Arizona )  
 County of [ ] ) ss.:  
 (Where notarized)

I, [ ] (print name), 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 [ ]

[ ], 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 § 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 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)

(Residence address, street and number of affiant, or if no street address, a description of residence location)

Stamp notary seal within the box below

Subscribed and sworn to before me on [ ] (date)

Notary Public

Circulator ID: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Number

