

SAMPLE RECALL PETITION

**WARNING:
IT IS AGAINST THE LAW:**

For anyone to sign this petition with any name other than one's own or to knowingly sign one's name more than once for the same measure or to sign such petition when not a registered elector.

Do not sign this petition unless you are a registered elector. To be a registered elector, you must be a citizen of Colorado and registered to vote in the City of Louisville.

Do not sign this petition unless you have read or have had read to you the proposed measure in its entirety and understand its meaning.

Petition to recall _____ (name of person sought to be recalled) from the office of _____ (title of office).

We, the undersigned, registered electors of the City of Louisville, do hereby respectfully demand an election for the recall of _____ from the office of _____, and for the election of a successor to the same office. The grounds for the recall are as follows (include general statement, not more than 200 words):
_____.

Recall Committee
(designate by name and address three to five people to represent the signers)

Joe Smith
789 Main Street
Louisville, CO 80027

Jane Doe
456 Second Street
Louisville CO 80027

Dave Johnson
111 Main Street
Louisville CO 80027

Mary Jones
123 Third Street
Louisville CO 80027

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Petition to recall _____ (name of person sought to be recalled) from the office of _____ (title of office).

1	Signature	Printed Name		
	Residence Address (Street # and Name)	City	County	Date Signed
2	Signature	Printed Name		
	Residence Address (Street # and Name)	City	County	Date Signed
3	Signature	Printed Name		
	Residence Address (Street # and Name)	City	County	Date Signed
4	Signature	Printed Name		
	Residence Address (Street # and Name)	City	County	Date Signed

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5	Signature	Printed Name		
	Residence Address (Street # and Name)	City	County	Date Signed
6	Signature	Printed Name		
	Residence Address (Street # and Name)	City	County	Date Signed
7	Signature	Printed Name		
	Residence Address (Street # and Name)	City	County	Date Signed
8	Signature	Printed Name		
	Residence Address (Street # and Name)	City	County	Date Signed

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9	Signature	Printed Name		
	Residence Address (Street # and Name)	City	County	Date Signed
10	Signature	Printed Name		
	Residence Address (Street # and Name)	City	County	Date Signed
11	Signature	Printed Name		
	Residence Address (Street # and Name)	City	County	Date Signed
12	Signature	Printed Name		
	Residence Address (Street # and Name)	City	County	Date Signed

Affidavit of Circulator

Affiant's Printed Name

Residence Address (Street # and Name)

City

County

Date Signed

The undersigned does hereby affirm I am eighteen years of age or older; that I have circulated the foregoing petition section; that I made no misrepresentation of the purpose of this petition to any signer hereof; that each signature hereon was affixed in my presence; that each signature hereon is the signature of the person whose name it purports to be; that to the best of my knowledge and belief each of the persons signing this petition was at the time of signing a registered elector; and that I have not paid nor shall pay, and I believe that no other person has so paid or shall pay, directly or indirectly, any money or other thing of value to any signer for the purpose of inducing or causing such signer to sign this petition.

Affiant's Signature

Subscribed and sworn to me in the county of _____, State of Colorado, this _____ day of _____, 20 __

Notary seal

Notary's Official Signature

Commission Expiration

This sample is for illustrative purposes only.