

SAMPLE RECALL PETITION

RECALL PETITION

We, the undersigned, being qualified electors request that _____ (name of the individual being recalled) the _____ (office of the individual being recalled) be recalled for the reason or reasons of _____. (A reason must be included for recalls of city, school board and township officials.)

RECALL SPONSORING COMMITTEE

The following are the names and addresses of the qualified electors of the state of North Dakota and the political subdivision who, as the sponsoring committee for the petitioners, represent and act for the petitioners in accordance with law:

Name	Complete Residential, Rural Route, or General Delivery Address
1. _____ (Chairperson)	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

INSTRUCTIONS TO PETITION SIGNERS

You are being asked to sign a petition. You must be a qualified elector. This means you are eighteen years old, you have lived in _____, (area affected by the petition) North Dakota for thirty days, and you are a United States citizen. All signers shall also legibly print their name, complete residential, rural route, or general delivery address and date of signing on the petition. Every qualified elector signing a petition must do so in the presence of the individual circulating the petition.

QUALIFIED ELECTORS

Month, Day, Year	Printed Name of Qualified Elector	Signed Name of Qualified Elector	Residential Address or Complete Rural Route or General Delivery Address	City, State, Zip Code
1.				
2.				
3.				
4.				

Month, Day, Year	Printed Name of Qualified Elector	Signed Name of Qualified Elector	Residential Address or Complete Rural Route or General Delivery Address	City, State, Zip Code
5.				
6.				
7.				
8.				
9.				
10.				

***Note:** The number of signature lines on each page of a printed petition may vary if necessary to accommodate other required textual matter. However, the Secretary of State encourages the space reserved for signatures to be at least as large as the example above.

STATE OF NORTH DAKOTA)
)ss.
COUNTY OF _____)
 (county where signed)

I, _____, being sworn, say that I am a qualified elector; that I reside at _____;
 (circulator's name) (complete residential address)
 that each signature contained on the attached petition was executed in my presence; and that to the best of my knowledge and belief each individual whose signature appears on the attached petition is a qualified elector; and that each signature contained on the attached petition is the genuine signature of the individual whose name it purports to be.

 (signature of circulator)

Subscribed and sworn to before me on _____, 20____, at _____, North Dakota.
 (City)

(Notary Stamping Device) _____
 (signature of notary)
 Notary Public