APPLICATION FOR RECALL PETITION SERIAL NUMBER

Yavapai County School Superintendent's Office
2970 Centerpointe East Dr.
Prescott, AZ 86301

The undersigned intends to circulate and file a recall petition demanding the recall of:

(Name)

(Title of Office Held)

The grounds of the recall are as follows: (State in not more than 200 words the grounds of the demand.)

I hereby make application for the issuance of an official serial number to be printed on each side of each signature sheet of the petition (please affix to lower right-hand corner).

Signature of Applicant

Printed Name of Applicant

Address

City State Zip

Telephone Number

E-mail

Date/Time of Application

Signatures Required

Deadline for Filing

Serial Number Issued

FOR OFFICE USE ONLY

Name of Organization (if any)

Address

City State Zip

Telephone Number

Name of Officer and Title

Address

City State Zip

Telephone Number

Name of Officer and Title

Address

City State Zip

Telephone Number