

Petition Signature Removal Request

Petition Information

Name of Petition/Referendum	Date Petition Signed
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Personal Information

Last Name	First Name	Middle Name
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Street Address	City	State	Zip Code
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Date of Birth	Phone Number (optional)	Email (optional)
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Sign and Return

By signing and submitting this request, I do swear (or affirm) that I am the individual indicated above and understand that I am making a request to remove my signature from the petition listed above.

Signature	Today's Date
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