

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	
Street Address	City	State	Zip Code
Date of Birth	Phone Number (optional)	Email (optional)	

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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