



Recall Petition NRS 306.020, NRS 306.030

Signatures of registered voters seeking the recall of

(Name of public officer for whom recall is sought)

	(Insert 200 words or less set	ting fort	h the reas	son(s) why recall is o	demanded)	
	num number of signatures required: _					
Coui Petit	nty of (<u>Only</u> tion District: (<u>Only</u> regis	registere tered vo	ed voters ters of th	of this county may s is petition district m	ign below) ay sign below)
					This space f office use o	
1	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE A	DDRESS ONLY:		
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:		
		/ /				
2	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE A	DDRESS ONLY:		
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:		
3	PRINT YOUR NAME (last name, first name, initial)	/ /	RESIDENCE A	DDRESS ONLY:		
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:		
4	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE A	DDRESS ONLY:		
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:		
5	PRINT YOUR NAME (last name, first name, initial)	/ /	RESIDENCE A	DDRESS ONLY:		
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:		
		, ,				

EL-D14-25

NRS 306.020, NRS 306.030

Revised: 5/9/25

(Name of public officer for whom recall is sought)

	(Insert 200 words or less set	ting fort	h the reasor	n(s) why recall is demande	d)
	num number of signatures required: _ nty of(<u>Only</u> tion District:(<u>Only</u> regist				w) elow)
					space for e use only
6	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE ADDR	RESS ONLY:	
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:	
7	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE ADDR	RESS ONLY:	
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:	
8	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE ADDR	RESS ONLY:	
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:	
9	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE ADDR	RESS ONLY:	
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:	
10	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE ADDR	RESS ONLY:	
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:	

EL-D14-25 NRS 306.020, NRS 306.030 Revised: 5/9/25

(Name of public officer for whom recall is sought)

	(Insert 200 words or less sett	ting fort	h the reason((s) why recall is demanded	d)
Cour	mum number of signatures required: _ nty of <u>Only</u> reg tion District: (<u>Only</u> regist	gistered	voters of this	s county may sign below) etition district may sign b This	elow) space for e use only
11	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE ADDRES	SS ONLY:	
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:	
12	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE ADDRES	SS ONLY:	
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:	
13	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE ADDRES	SS ONLY:	
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:	
14	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE ADDRES	SS ONLY:	
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:	
15	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE ADDRES	SS ONLY:	
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:	

(Name of public officer for whom recall is sought)

	(Insert 200 words or less set	ting fort	h the reasc	on(s) why recall is deman	ded)
	num number of signatures required: _ nty of(Only condition District:(Only regist			f this county may sign be petition district may sig	
16	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE ADD	DRESS ONLY:	
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:	
17	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE ADD	DRESS ONLY:	
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:	
18	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE ADD	DRESS ONLY:	
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:	
19	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE ADD	DRESS ONLY:	
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:	
20	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE ADD	PRESS ONLY:	
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:	

(Name of public officer for whom recall is sought)

	(Insert 200 words or less set	ting fort	h the rea	son(s) why recall is d	emanded	d)
	num number of signatures required: _					
Coui Petit	nty of (<u>Only</u> tion District: Only register	registere red vote	ed voters rs of this	of this county may s petition district may	ign belov sian belo	v) ow)
				,		space for
			DEGIDENCE	ADDDESS ONLY		use only
21	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE A	ADDRESS ONLY:		
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:		
	TOOK SIGN TO NE	/ /	0			
22	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE A	ADDRESS ONLY:		
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:		
		/ /				
23	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE A	ADDRESS ONLY:		
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:		
24	PRINT YOUR NAME (last name, first name, initial)	/ /	DESIDENCE	ADDRESS ONLY:		
24	TRINITION WAINE (last harre, hist harre, mittal)		NEGIDENCE /	ADDINESS ONET.		
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:		
		/ /				
25	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE A	ADDRESS ONLY:		
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:		
		/ /	1			

EL-D14-25 NRS 306.020, NRS 306.030 Revised: 5/9/25



(Name of public officer for whom recall is sought)

[Place affidavit on last page of document]

AFFIDAVIT OF CIRCULATOR

day of,, by	
Subscribed and sworn to or affirmed before me this	S
	Signature of Circulator
ner residence, and (o) that the humber of signature	o utilized thereon is
her residence; and (6) that the number of signature	•
signed was at the time of signing a registered voter	· ·
presence; (5) that, according to my best information	
circulated this document; (4) that all signatures are	
(print street, city and state); (2) that I am 18 years	of age or older: (3) that I personally
sworn under penalty of perjury, depose and say:(1)	that I reside at
1,	
State of Nevada) County of)	
Ctata of Novada	
been obtained)	