

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 setting forth the reason(s) why recall is demanded)

Minimum number of signatures required: _____ Date notice of intent was filed: _____

County of _____ (Only registered voters of this county may sign below)

Petition District: _____ (Only registered voters of this petition district may sign below)

This space for
office use only

1	PRINT YOUR NAME (last name, first name, initial)	RESIDENCE ADDRESS ONLY:		
	YOUR SIGNATURE: _____ DATE: ____/____/____	CITY: _____	COUNTY: _____	
2	PRINT YOUR NAME (last name, first name, initial)	RESIDENCE ADDRESS ONLY:		
	YOUR SIGNATURE: _____ DATE: ____/____/____	CITY: _____	COUNTY: _____	
3	PRINT YOUR NAME (last name, first name, initial)	RESIDENCE ADDRESS ONLY:		
	YOUR SIGNATURE: _____ DATE: ____/____/____	CITY: _____	COUNTY: _____	
4	PRINT YOUR NAME (last name, first name, initial)	RESIDENCE ADDRESS ONLY:		
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	YOUR SIGNATURE: _____ DATE: ____/____/____	CITY: _____ COUNTY: _____	
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	YOUR SIGNATURE: _____ DATE: ____/____/____	CITY: _____ COUNTY: _____	
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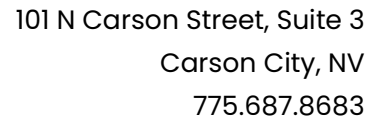
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	YOUR SIGNATURE: _____ DATE: ____/____/____	CITY: _____ COUNTY: _____	
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