

# RECALL PETITION INSTRUCTIONS

TO: \_\_\_\_\_ (jurisdiction or district of officeholder)  
 \_\_\_\_\_ We, the undersigned qualified electors of the  
 \_\_\_\_\_ from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.  
 \_\_\_\_\_ (official with whom nomination papers or declaration of candidacy for the office is filed)  
 \_\_\_\_\_ (name of officeholder to be recalled and office).

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. *No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.*)

## Circulator please see more instructions on the back starting with - Signatures and Printed Names of Electors

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.		MUNICIPALITY OF RESIDENCE		DATE OF SIGNING											
SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	Indicate Town, City, or Village												
1.	<p><b>Printed Name MUST BE LEGIBLE!</b></p> <p><u>If you are the only SIGNER on the page &amp; mailing it to RECALL VOS, also fill out the CIRCULATOR info below!</u></p>	<p><b>Complete Residential &amp; Mailing Address- write small if they are different (Flre or box #s for RURAL Routes): Including Street, Road, Ave etc, zip code</b></p>	<p><b>This Is the voting location NOT the post office/zip code location. If In Doubt check on MyVote.WI.Gov</b></p>	<p><b>Month, Day &amp; Year</b></p>											
2.					3.	4.	5.	6.	7.	8.	9.	10.	<p><b>Circulator must read &amp; follow the rules!</b></p>	<p><b>The Circulator MUST verify that signers are in the district and understand what they are signing. Verify residence-ask for ID if not at their home.</b></p>	<p><b>Leave blank-will be filled in later -----&gt;</b></p>
3.					4.	5.	6.	7.	8.	9.	10.	<p><b>Circulator must read &amp; follow the rules!</b></p>	<p><b>The Circulator MUST verify that signers are in the district and understand what they are signing. Verify residence-ask for ID if not at their home.</b></p>	<p><b>Leave blank-will be filled in later -----&gt;</b></p>	
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### Certification of Circulator

I, \_\_\_\_\_, certify. I reside at \_\_\_\_\_

(name of circulator)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

(date)

(signature of circulator)