

Office of the Secretary of State / Elections Division

# Petition For Recall of Elected Official



I, the undersigned, hereby seek the recall of \_\_\_\_\_ from the office of \_\_\_\_\_, on the ground(s) that: (state specific grounds)

and declare that I am a registered elector of \_\_\_\_\_ County, Kansas, and of the election district of the officer named above.

	Signature of Signer	Name of Signer (Print)	Street Number or Rural Route (as registered)	Name of City	Date of Signing
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**NOTE:**

1. It is a class B misdemeanor to sign a name other than your own name to this petition, to knowingly sign more than once for the recall of the same officer at the same election or to sign this petition knowing you are not a registered elector.
2. The following comprise the recall committee:

Printed Name

Signature

Residence Address

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3. A list of all sponsors authorized to circulate petitions for this recall may be examined in the office of the \_\_\_\_\_ County election officer.

# Affidavit of petition circulator

STATE OF KANSAS

COUNTY OF \_\_\_\_\_

}  
ss

I, \_\_\_\_\_ ,  
Print Name

(check one):

\_\_\_\_\_ a resident of the state of Kansas who has the qualifications of an elector  
\_\_\_\_\_ of the state of Kansas, or

\_\_\_\_\_ the candidate,

being duly sworn, personally witnessed the signing of this petition by each person whose name appears herein.

\_\_\_\_\_  
Signature of above named circulator

\_\_\_\_\_  
Address of above named circulator

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

(SEAL)

\_\_\_\_\_  
Person authorized to administer oaths

My appointment expires \_\_\_\_\_, 20 \_\_\_\_ .