

CITY OF SAINT PAUL RECALL PETITION

We, the undersigned registered voters in the City of Saint Paul hereby petition for the recall of _____ who holds the office of _____ in the City of Saint Paul. The grounds for recall are as follows.

SIGNER'S OATH

“I swear (or affirm) that I know the contents and purpose of this petition and that I signed the petition only once and of my own free will.”

All information must be filled in by the person(s) signing the petition unless disability prevents the person(s) from doing so. All information on this petition is subject to public inspection.

	DATE	SIGNATURE	YEAR OF BIRTH	NAME	ADDRESS	WARD	PRECINCT
1.	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____	_____	_____

AFFIDAVIT OF PETITION CIRCULATOR

State of Minnesota
County of Ramsey

I, _____, swear (or affirm) that I am a resident of the City of Saint Paul and that each signature on this petition was affixed in my presence by the person purporting to have signed this petition.
(Name of Circulator)

Signed _____
(Signature of Circulator)

Subscribed and sworn to me this _____ day of _____, 201__.

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Notary Public (or other officer authorized to administer oaths)