

APPLICATION FOR RECALL PETITION SERIAL NUMBER

(Governing Board Member Name)	of (School District Name and Number)
The grounds of the recall are as follows: (state in not more than 200 words the grounds of the demand)	
	cial serial number. I understand serial number must be affixed
he lower right-hand corner on each side of each pet	ition sneet.
Signature of Applicant	Name of Organization (if any)
Drinted Name of Applicant	Ourse minestic m. Address
Printed Name of Applicant	Organization Address
Applicant Address	Organization City State Zip
Applicant City State Zip	Organization Phone Number
Applicant City State Zip	Organization Phone Number
Applicant City State Zip Applicant Phone Number	Organization Phone Number Organization Officer Name and Title
Applicant Phone Number	Organization Officer Name and Title
Applicant Phone Number Date of Application 12/17/2020	
Applicant Phone Number Date of Application 12/17/2020	Organization Officer Name and Title
Applicant Phone Number Date of Application 12/17/2020 Signatures Required 169	Organization Officer Name and Title Organization Officer Address