



Gila County, Arizona
 Department of Elections
 5515 S Apache Ave., Ste. 900
 Globe, AZ 85501

APPLICATION FOR RECALL PETITION SERIAL NUMBER

The undersigned intends to circulate and file a **RECALL** petition demanding the recall of:

_____ Name

_____ Title of Office Held

SUMMARY: State in not more than 200 words the grounds of the recall demand:

I hereby make application for issuance of an official serial number. Said serial number is to be affixed to the lower right-hand corner on each side of each petition signature sheet.

Signature of Applicant

Printed Name of Applicant

Address of Applicant

_____ City _____ State _____ Zip

Telephone Number

Name of Organization (if any)

Address of Organization

_____ City _____ State _____ Zip

Telephone Number

Name of Officer and Title

Address of Officer

_____ City _____ State _____ Zip

Telephone Number

Name of Officer and Title

Address of Officer

_____ City _____ State _____ Zip

Telephone Number

For Office Use Only	
Date of Application	_____
Full text of the proposed law, constitutional amendment or measure to be initiated or referred attached	_____
Statement of Organization or Exemption Statement attached	_____
Number Signatures Required	_____
Deadline for Submission	_____
Serial Number Issued	_____