

APPLICATION FOR RECALL PETITION SERIAL NUMBER

Governing Board Member Name)	(School District Name and Number)
he grounds of the recall are as follows: (state in not	t more than 200 words the grounds of the demand)
haraby make application for the issuance of an offi	icial serial number. I understand serial number must be affix
ne lower right-hand corner on each side of each pet	
Signature of Applicant	Name of Organization (if any)
Signature of Applicant Printed Name of Applicant	Name of Organization (if any) Organization Address
Printed Name of Applicant Applicant Address	Organization Address Organization City State Zip
Printed Name of Applicant	Organization Address
Printed Name of Applicant Applicant Address Applicant City State Zip	Organization Address Organization City State Zip Organization Phone Number
Printed Name of Applicant Applicant Address	Organization Address Organization City State Zip
Printed Name of Applicant Applicant Address Applicant City State Zip Applicant Phone Number	Organization Address Organization City State Zip Organization Phone Number Organization Officer Name and Title
Printed Name of Applicant Applicant Address Applicant City State Zip Applicant Phone Number	Organization Address Organization City State Zip Organization Phone Number Organization Officer Name and Title Organization Officer Address
Printed Name of Applicant Applicant Address Applicant City State Zip Applicant Phone Number Date of Application	Organization Address Organization City State Zip Organization Phone Number Organization Officer Name and Title Organization Officer Address
Printed Name of Applicant Applicant Address Applicant City State Zip Applicant Phone Number Date of Application Signatures Required	Organization Address Organization City State Zip Organization Phone Number Organization Officer Name and Title Organization Officer Address