



Mohave County School Superintendent's Office

APPLICATION FOR RECALL PETITION SERIAL NUMBER

The undersigned intends to circulate and file a recall petition demanding the recall of Governing Board Member:

_____ of _____
(Governing Board Member Name) (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)

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

Signature of Applicant

Name of Organization (if any)

Printed Name of Applicant

Organization Address

Applicant Address

Organization City State Zip

Applicant City State Zip

Organization Phone Number

Applicant Phone Number

Organization Officer Name and Title

Date of Application _____

Signatures Required _____

Deadline for Filing _____

Serial Number _____

OFFICE USE ONLY

Organization Officer Address

Organization Officer Name and Title

Organization Officer Phone Number