

RECALL PETITION

WARNING: IT IS AGAINST THE LAW:

For anyone to sign this petition with any name other than one's own or to knowingly sign one's name more than once for the same measure or to sign such petition when not a registered elector. Do not sign this petition unless you are a registered elector. To be a registered elector, you must be a citizen of Colorado and registered to vote in the City of Thornton. Do not sign this petition unless you have read or have had read to you the proposed measure in its entirety and understand its meaning.

Petition to Recall _____ **from the office of** _____
(name of subject to be recalled) (title of office)

The undersigned constitute representing the signers thereof in all matters affecting the petition.

- | | |
|----------------|------------------------|
| 1. Name: _____ | Mailing Address: _____ |
| 2. Name: _____ | Mailing Address: _____ |
| 3. Name: _____ | Mailing Address: _____ |
| 4. Name: _____ | Mailing Address: _____ |
| 5. Name: _____ | Mailing Address: _____ |

Grounds for Recall: _____
(General statement not to exceed 200 words)

SIGNATURE OF REGISTERED ELECTOR	PRINTED NAME OF REGISTERED ELECTOR	PLACE OF RESIDENCE (STREET ADDRESS)	CITY	DATE OF SIGNATURE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

WARNING: IT IS AGAINST THE LAW:

For anyone to sign this petition with any name other than one's own or to knowingly sign one's name more than once for the same measure or to sign such petition when not a registered elector. Do not sign this petition unless you are a registered elector. To be a registered elector, you must be a citizen of Colorado and registered to vote in the City of Thornton. Do not sign this petition unless you have read or have had read to you the proposed measure in its entirety and understand its meaning.

Petition to Recall _____ from the office of _____
 (name of person) (Title of Office)

SIGNATURE OF REGISTERED ELECTOR	PRINTED NAME OF REGISTERED ELECTOR	PLACE OF RESIDENCE (STREET ADDRESS)	CITY	DATE OF SIGNATURE
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				
31.				
32.				
33.				
34.				

WARNING: IT IS AGAINST THE LAW:

For anyone to sign this petition with any name other than one's own or to knowingly sign one's name more than once for the same measure or to sign such petition when not a registered elector. Do not sign this petition unless you are a registered elector. To be a registered elector, you must be a citizen of Colorado and registered to vote in the City of Thornton. Do not sign this petition unless you have read or have had read to you the proposed measure in its entirety and understand its meaning.

Petition to Recall _____ from the office of _____
 (name of person) (Title of Office)

SIGNATURE OF REGISTERED ELECTOR	PRINTED NAME OF REGISTERED ELECTOR	PLACE OF RESIDENCE (STREET ADDRESS)	CITY	DATE OF SIGNATURE
35.				
36.				
37.				
38.				
39.				
40.				
41.				
42.				
43.				
44.				
45.				
46.				
47.				
48.				
49.				
50.				
51.				
52.				
53.				
54.				
55.				
56.				

WARNING: IT IS AGAINST THE LAW:

For anyone to sign this petition with any name other than one's own or to knowingly sign one's name more than once for the same measure or to sign such petition when not a registered elector. Do not sign this petition unless you are a registered elector. To be a registered elector, you must be a citizen of Colorado and registered to vote in the City of Thornton. Do not sign this petition unless you have read or have had read to you the proposed measure in its entirety and understand its meaning.

Petition to Recall _____ from the office of _____
 (name of person) (Title of Office)

SIGNATURE OF REGISTERED ELECTOR	PRINTED NAME OF REGISTERED ELECTOR	PLACE OF RESIDENCE (STREET ADDRESS)	CITY	DATE OF SIGNATURE
57.				
58.				
59.				
60.				
61.				
62.				
63.				
64.				
65.				
66.				
67.				
68.				
69.				
70.				
71.				
72.				
73.				
74.				
75.				
76.				
77.				
78.				

WARNING: IT IS AGAINST THE LAW:

For anyone to sign this petition with any name other than one's own or to knowingly sign one's name more than once for the same measure or to sign such petition when not a registered elector. Do not sign this petition unless you are a registered elector. To be a registered elector, you must be a citizen of Colorado and registered to vote in the City of Thornton. Do not sign this petition unless you have read or have had read to you the proposed measure in its entirety and understand its meaning.

Petition to Recall _____ from the office of _____
 (name of person) (Title of Office)

SIGNATURE OF REGISTERED ELECTOR	PRINTED NAME OF REGISTERED ELECTOR	PLACE OF RESIDENCE (STREET ADDRESS)	CITY	DATE OF SIGNATURE
79.				
80.				
81.				
82.				
83.				
84.				
85.				
86.				
87.				
88.				
89.				
90.				
91.				
92.				
93.				
94.				
95.				
96.				
97.				
98.				
99.				
100.				

AFFIDAVIT OF CIRCULATOR

I, _____, affirm that I have read and understand the laws governing the circulation of petitions; that I am at least eighteen (18) years of age at the time this petition section was circulated and signed by the listed electors; I personally circulated the attached petition section; that I made no misrepresentation of the purpose of the petition to any signer of the petition; that each signature thereon was affixed in my presence; that each signature thereon is the signature of the person whose name it purports to be; that to the best of my knowledge and belief, each of the persons signing the petition section was, at the time of signing, a registered elector; and that I have not paid or will not in the future pay and I believe that no other person has paid or will pay, directly or indirectly, any money or other thing of value to any signer for the purpose of inducing or causing such signer to affix the signer's signature to the petition.

Printed Name of Circulator

Circulator's Signature

Circulator's Residence Address

Date Signed by Circulator

State of Colorado)
County of Adams)

The foregoing instrument was acknowledged before me on this ____ day of _____, 2016
by _____.

(Seal)

Notary Public _____

My Commission Expires _____