

**REQUEST TO REMOVE SIGNATURE FROM PETITION**

**\* = Required field**

<b>Name*:</b>
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<b>Address* (resident address at which the voter is registered to vote):</b>
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<b>Title of Petition*:</b>
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<b>Last four digits of social security:</b>	<b>Birthdate or Driver's license #:</b>
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In pursuance of UCA 20A-7-605(3), I hereby request my signature be removed from the petition named above.

**X** \_\_\_\_\_  
Signature of Voter\*

\_\_\_\_\_  
Date Signed\*

*Deadlines falling on a Saturday, Sunday, or legal holiday are extended to the next business day
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Date Received - Clerk
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**Digitally signed forms will not be accepted.  
Print, sign, scan & return completed form to  
[tracy.shaw@tooeleco.org](mailto:tracy.shaw@tooeleco.org)**