REQUEST TO REMOVE SIGNATURE FROM PETITION

* = Required field	
Name*:	
Address* (resident address at which the	ne voter is registered to vote):
Title of Petition*:	
Last four digits of social security:	Birthdate or Driver's license #:
pursuance of UCA 20A-7-605(3), I hereb	y request my signature be removed from
ition named above.	
<u> </u>	
Signature of Voter*	Date Signed*
	Date Received - Clerk
Deadlines falling on a Saturday, unday, or legal holiday are extended to	Date Received - Clerk
	Date Received - Clerk
unday, or legal holiday are extended to	Date Received - Clerk

Print & sign this form. Digitally signed forms will not be accepted.

Return via mail or in-person at: Tooele County Clerk

47 S. Main St. #318 Tooele, UT 84074