

Signatures may be withdrawn from a petition for constitutional amendment, constitutional convention, initiative, or referendum up to the time of final submission of petition sheets to the county election office.

## REQUEST FILED WITH COUNTY ELECTION ADMINISTRATOR

To the Election Administrator of the Coun	ty of	f, State of Montana:		
l,	an elector of the County of	and the State of Montana, having		
signed the petition for	, do hereby request t	hat my name be withdrawn from s	aid petition.	
Residence Address:				
	Street/Other	City	Zip	
Mailing Address:				
	Street/PO Box	City	Zip	
Telephone Number:				
CERTIFICATION OF PETITION SIGNER SIGNATURE WI FORM IS FILED		 Date		
NOTARY OR AUTHORIZED OFFICER				
	State of Montana			
	County of			
Where to file: County Election Administrator's Office A list of county election offices may be found at: <u>Election Administrators</u>	Signed and sworn to before me t	hisday of Printed Name of Signer	, 20	_ by
		rinted Name of Signer		
	[SEAL/STAMP]	Signature of Notary or Public Offic	nature of Notary or Public Official	