REQUEST TO REMOVE SIGNATURE FROM PETITION

= Requ	uired field
Name*:	
Address* (resident address at which the	he 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 fro
tition named above.	
_	
Signature of Voter*	Date Signed*
D III CIII C I	Date Received - Clerk
Deadlines falling on a Saturday, Sunday, or legal holiday are extended to	
he next business day	
MORGAN	

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

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

48 W. Young St. Morgan, UT 84050