

Continue from Reverse Side **Petition of Qualified Voters to Recall Reva Trammel, District 8, Richmond, Virginia**

**Circulator:** Must swear or affirm in the affidavit on the reverse side of this form that s/he is a legal resident of the United States of America, not a minor nor a felon whose voting rights have not been restored and the s/he personally witnessed each signature.

Office use only	Signature of Registered Voter (Print Name in Space Below Signature)	Post Office Boxes Are Not Acceptable Residence Address House Number and Street Name or Rural Route and Box Number and City/Town	Date Signed [Must be after January 1 of election year]	Optional: Last 4 digits of Social Security Number *see note front side
9	Sign	Residence		
	Print	City/Town Richmond, Virginia,		
10	Sign	Residence		
	Prints	City/Town Richmond, Virginia,		
11	Sign	Residence		
	Print	City/Town Richmond, Virginia,		
12	Sign	Residence		
	Print	City/Town Richmond, Virginia,		

Commonwealth of Virginia: **-AFFIDAVIT-**

I, \_\_\_\_\_ swear or affirm that (i) my full residential address is \_\_\_\_\_ in the Commonwealth of Virginia, in the City of Richmond, (ii) I am a legal resident of the United States of America, (iii) I am not a minor (iv) I am not a felon whose voting rights have not been restored, and (v) I witnessed the signature of each person who signed this page or its reverse side. I understand that falsely signing this affidavit is a felony punishable by a maximum fine up to \$2,500 and/or imprisonment up to ten years.

\_\_\_\_\_  
Signature of person circulating the petition

State of Virginia, City of Richmond

The foregoing instrument was subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

Place Photographically Reproducible  
Notary Seal/Stamp Below  
(Use your bank)

\_\_\_\_\_  
Print name of person circulating the petition

Signature of Notary or other person Authorized to administer oaths      Notary Registration Number      Date Notary Commission Expires  
If not included in seal/stamp

Circulator's Driver's License Number, if Applicable

Name of state that issued the Circulator's Driver's License

Circulator's Last 4 Digits

of Social Security Number

Privacy Notice--see front (Timists ID# \_\_\_\_\_ for credits. Notarize your petition at your bank for free..  
Mail/Deliver to Sen. Joe Morrissey, 605 E. Nine Mile Rd., Highland Springs VA 23075