Office of the Secretary of State / Elections Division

Petition For Recall of Elected Official

RP

I, the undersigned, hereby seek the recall of _____ from the office of _____ , on the ground(s) that: (state specific grounds)

and declare that I am a registered elector of _____ County, Kansas, and of the election district of the officer named above.

	Signature of Signer	Name of Signer (Print)	Street Number or Rural Route (as registered)	Name of City	Date of Signing
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

NOTE:

1. It is a class B misdemeanor to sign a name other than your own name to this petition, to knowingly sign more than once for the recall of the same officer at the same election or to sign this petition knowing you are not a registered elector.
2. The following comprise the recall committee:

Printed Name Signature Residence Address

_____

_____

_____

3. A list of all petition circulators authorized to circulate petitions for this recall may be examined in the office of the _____ County election officer.

Affidavit

STATE OF KANSAS

COUNTY OF _____ } ss.

I, _____ , affiant hereto, am a circulator (sponsor) of this recall petition, the only person that has circulated this copy of the petition. The signatures found hereon were made in my actual presence and to the best of my knowledge the signatures are those of the persons whose names they purport to be. I have circulated this petition in the manner provided by K.S.A. 25-4301 et seq., and being duly sworn state the grounds for recall are true.

_____

Signature of Sponsor

_____

Address of Sponsor

Subscribed and sworn to before me this _____ day of _____ , 20 ____ .

(SEAL)

_____

Person authorized to administer oaths

My appointment expires _____ , 20 ____ .

K.S.A. 25-4325

Revised 8/27/25 tc