

PETITION REVOCATION FORM

Note:

- All information on this form, including your signature, becomes a public record upon receipt by the Supervisor of Elections.
- Under Florida law, it is a first degree misdemeanor, punishable as provided in s. 775.082 or s. 775.083, Florida Statutes, to knowingly sign more than one petition for a candidate, a minor political party, or an issue. [Section 104.185, Florida Statutes]
- If all requested information on this form is not completed, the form will not be valid.

Your name: _____
Please Print Name as it appears on your Voter Information Card

Your residential street address, city, zip code, and county (as written on the initiative petition that you signed and now want to revoke):

City _____ **Zip** _____ **County** _____

Voter Registration Number _____ **or Date of Birth** _____

I am a registered voter of Florida and hereby petition that my signature on the following constitutional initiative petition be revoked:

[INSERT HERE THE FOLLOWING FROM THE PREVIOUSLY APPROVED PETITION:]

BALLOT TITLE

BALLOT SUMMARY

FULL TEXT OF THE PROPOSED CONSTITUTIONAL AMENDMENT

DATE OF SIGNATURE

X _____
SIGNATURE OF REGISTERED VOTER

Submission of Form: The Supervisor of Elections may not accept this form directly from you. You must return the form to the political committee sponsoring the revocation petition: _____

[Insert name and mailing address of committee sponsoring the revocation petition]

➤ Insert political disclaimer here (s. 106.143, Fla. Stat.)

➤ Include below the name and address of paid petition circulator if one was used to obtain signature (s. 106.19(3), Fla. Stat.)

Paid Petition Circulator's Name:

Address _____

For Official Use Only

Serial Number: _____

Date Approved: _____