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|  FOR OFFICE USE ONLY  |

**STATE OF ARIZONA**

***AFFIDAVIT OF SIGNATURE WITHDRAWAL***

***FROM INITIATIVE PETITION***

 **A.R.S. § 19-113**

I, , being first duly sworn, say that I am a qualified elector of

 (given name and surname)

the State of Arizona and county of , and provide the

 (county of residence)

following information for the purpose of withdrawing my signature:

Voter’s Residence Address:

Voter’s Mailing Address:

Voter’s Email Address:

Name & Serial Number of Initiative:

Approximate Date of Signing:

County Where Petition was Circulated:

**It is my intention by the signing and filing of this affidavit to withdraw my signature from the initiative petition.**

 Signature of Affiant

State of Arizona )

 ) ss:

County of )

SUBSCRIBED AND SWORN to (or affirmed) before me this day of , 20 .

 (Seal) Notary Public

 My Commission Expires:

Secretary of State Revision May 22, 2018