

**STATE OF WISCONSIN**

Name of County \_\_\_\_\_

Name of Municipality \_\_\_\_\_

**STATEMENT OF INTENT TO CIRCULATE RECALL PETITION**

THE UNDERSIGNED RECALL PETITIONER, \_\_\_\_\_  
*(Print Name)*

STATES HIS/HER INTENT TO CIRCULATE, PURSUANT TO Wis. Stat. § S.9.10

OF THE WISCONSIN STATUTES, A PETITION TO RECALL,

\_\_\_\_\_  
*(Indicate the name of, and office held by, the official being recalled),*

FOR THE FOLLOWING REASON OR REASONS RELATED TO THE OFFICIAL  
RESPONSIBILITIES OF THE OFFICIAL SOUGHT TO BE RECALLED:

\_\_\_\_\_  
\_\_\_\_\_  
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*(This statement should be appended to the Campaign Registration Statement (ETHCF-1) filed with the filing officer.)*

**Dated this** \_\_\_\_\_ **day of** \_\_\_\_\_, \_\_\_\_\_  
*(Signature of Petitioner)*

*(Notary Not Required)*