## PHYSICALLY UNABLE TO SIGN RECALL PETITION





### PLEASE PRINT IN BLOCK LETTERS

This form is to be used by voters who want to support a recall petition but are physically unable to sign a recall petition sheet.

### Instructions to canvasser

Voters can request that an individual (assistant) of their choice assist them in signing a recall petition sheet. The assistant may complete the name, residential address and phone number of the voter. The assistant may also sign their own name on behalf of the voter, and print "ASSISTANT" in the signature box.

SIGNATURE OF ASSISTANT

You, the canvasser, will witness the assistant completing the voter's information on behalf of the voter.

This form must be attached to the recall petition sheet, or the signature row will be marked as invalid.

MEMBER OF THE LEGISLATIVE ASSEMBLY SUBJECT TO RECALL PETITION		PETITION NUMBER
PETITION SHEET ROW VOTER'S NAME		
Assistant		
	cted by the voter and have faithfully and accurately comple	eted the recall petition sheet under their

# Canvasser (as witness)

I declare that:

NAME

- In my presence, the recall petition cover sheet and recall petition sheet were read to the voter who appeared to thoroughly understand it and who expressed a desire to support the petition.
- I was present to witness the assistant complete the voter's information faithfully and accurately as directed by the voter.

SIGNATURE OF CANVASSER	

- The voter is the person who wants to sign the recall petition but is physically unable to sign due to disability.
- The assistant is someone selected by the voter to complete their petition information on their behalf.
- The canvasser is the witness to the transaction between the voter and the assistant. The canvasser may not act as an assistant to any voter.