PETITION FOR RECALL
IN THE MUNICIPALITY OF _____

WE, THE UNDERSIGNED qualified voters of the municipality of _____, state of South Dakota, petition for a candidate election to be held for the purpose of recalling _____ from the office of _____, based on the following grounds:

(Here list the grounds for recall.)

_____INSTRUCTIONS TO SIGNERS:

    1. Signers of this petition must individually sign their names in the form in which they are registered to vote or as they usually sign their names.

    2. Before the petition is filed, each signer or the circulator must add the residence address of the signer and the date of signing. If the signer is a resident of a second or third class municipality, a post office box may be used for the residence address.

    3. Before the petition is filed, each signer or the circulator must print the name of the signer in the space provided and add the county of voter registration.

    4. Abbreviations of common usage may be used. Ditto marks may not be used.

    5. Failure to provide all information requested may invalidate the signature.

NAME	RESIDENCE	DATE/COUNTY
SIGN 1 --- ------------------------------- PRINT	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER --- CITY OR TOWN	DATE OF SIGNING --- COUNTY OF REGISTRATION
SIGN 2 --- ------------------------------- PRINT	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER --- CITY OR TOWN	DATE OF SIGNING --- COUNTY OF REGISTRATION
SIGN 3 --- ------------------------------- PRINT	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER --- CITY OR TOWN	DATE OF SIGNING --- COUNTY OF REGISTRATION