
WITHDRAWAL OF SIGNATURE FROM PETITION

To: Elections Official of _____ County

From: _____
Name as registered to vote

Residence address

City and Zip Code

This is my request to have my signature withdrawn from the following initiative, referendum, or recall petition:

(Petition name must be provided)

(Required) Signature of voter

Date

***Ventura County residents submit this form by
email, fax, or mail:***

EMAIL: VenturaVoterRegistration@ventura.org

FAX: (805) 648-9200

MAIL TO: MARK A. LUNN
Clerk-Recorder/Registrar of Voters
Elections Division L#1200
800 S. Victoria Ave.
Ventura, CA 93009-1200