

Tribal Secretary Stamp Only:

REMOVAL PETITION STATEMENT & AFFIDAVIT

Page _____ of _____

Per the Oneida Nation's Removal Law, an eligible voter may file a petition with the Tribal Secretary seeking the removal of an elected official. No petition shall request the removal of more than one (1) elected official. The petition shall state with particularity the facts upon which it is based and the specific grounds for removal, in not more than two hundred (200) words, and must be signed by fifty (50) or more eligible voter or a number equal to at least thirty (30) percent of the vote case in the previous general election, whichever is greater.

<u>Contact Information of Petitioner</u>			
Printed Name		Date of Birth	Enrollment Number
Street Address	City	State	Zip
Phone Number	Email Address (optional)		

Petitioner's Statement: (In the space below, state the facts upon which the petition is based and the specific grounds for removal, in not more than two hundred (200) words.)

I do solemnly affirm that:

- I have read and understand the laws governing the circulation of a removal petition
- I am an enrolled member of the Oneida Nation and at least 18 years of age at the time this petition was circulated
- I circulated this section of the petition
- I witnessed the signing of each signature on this petition

Circulator Name (Print): _____ Signature: _____

Address: _____ Date: _____

CERTIFICATE OF NOTARY PUBLIC

Subscribed and sworn to before me this _____ day

Of _____, _____

Notary Signature: _____

My commission expires: _____

Tribal Secretary Stamp Only:

REMOVAL PETITION SIGNATURE FORM

Page _____ of _____

By signing below, you certify you have read and concur with the purpose of this petition.

Printed Name <i>Print Clearly - Use Full Given Name</i>	Address	Date of Birth	Enrollment Number	Signature

Enrollments Department Stamp & Use Only:

(Verifier's Signature) Date: _____

(Print)

Verified Signatures on this page:

Tribal Secretary Stamp Only:

REMOVAL PETITION SIGNATURE FORM

Page _____ of _____

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Printed Name <i>Print Clearly - Use Full Given Name</i>	Address	Date of Birth	Enrollment Number	Signature

Enrollments Department Stamp & Use Only:

Date: _____

_____ (Verifier's Signature)

_____ (Print)

Verified Signatures on this page:

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Enrollments Department Stamp & Use Only:

_____ Date: _____
(Verifier's Signature)

(Print)

Verified Signatures on this page:

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