Oneida Nation Date Stamp Only:

REMOVAL PETITION STATEMENT & CIRULATOR OATH

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| | | |

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.

| Contact Information of Petitioner | | | | | |
|-----------------------------------|--------------------------|---------------|----------------------|--|--|
| Printed Name | | Date of Birth | Enrollment Number | | |
| | | | | | |
| Mailing 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.)

The following oath verifies that fact that:

- I witnessed each person sign this petition
- Each signature appearing thereon is the genuine signature of the person it purports to be
- The petition was signed in my presence on the date indicated •

Circulator Name (Print): _____ Signature: _____

Address: _____ Date: _____

CERTIFICATE OF NOTARY PUBLIC

Subscribed and sworn to before me this _____ day Of _____, ____

Notary Signature:

My commission expires: _____

REMOVAL PETITION SIGNATURE FORM

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

| Date of Signature | Printed Name | Signature | Street Address | Enrollment Number |
|----------------------|--------------|-----------|----------------|----------------------|
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| Trust Enrollment Department Date Stamp & Use Only: | | |
|--|------------------------|-----------------------|
| | | Date: |
| | (Verifier's Signature) | |
| | (Print) | |
| | | natures on this page: |