PETITION FOR RECALL OF GAINESVILLE MAGISTERIAL DISTRICT MEMBER OF THE PRINCE WILLIAM COUNTY BOARD OF SUPERVISORS

Peter K. CANDLAND

Signature	<u>LEGIBLE</u> Printed Name	<u>LEGIBLE</u> Address (Street, City, Zip)	PWC Magisterial District	Gainesville dist. Registered voter?	Date

Date	Witness	(also complete Page 2)
		(also complete i age 2)

l,	, swear or affirm that (i) my full residential address is
(ii) I am not a minor, (iii) I am not a felon whose voting rights have no person who signed this page and its reversed side; and (v) I consent disputes concerning the circulation of petitions, or signatures contained	to the jurisdiction of the courts of Virginia in resolving any
In accordance with the terms of Virginia Code Section 8.01-4.3, I certificorrect.	fy under penalty of perjury that the foregoing is true and
Circulator: (PRINTED LEGIBLE NAME)	
Signature:	
Date(s):	