

**INSTRUCTIONS ON REVERSE SIDE**

**RECALL PETITION**

We, the undersigned, registered and qualified voters of the City of Albion } in the County of Calhoun and State of Michigan, petition for the

calling of an election to recall Garrett Brown from the office of Mayor (Title of Office) for the following reason(s):  
(District, if Any)

Whereas, on October 5th, 2017, Garrett Brown, gave Dr. Sheryl Mitchell scores as low as 2 out of 5 in Judgement and Decision making. Whereas, on October 13th, 2017 a personal protection order was issued against Garrett Brown for allegedly Stalking an Albion Resident. Whereas, on October 16th, 2017, Councilman Maurice Barnes and Councilman Andrew French drafted and

submitted to council resolution 2017-40 which reflects Dr. Sheryl Mitchell has articulated concern with the mayors behavior towards her

**WARNING – A PERSON WHO KNOWINGLY SIGNS A RECALL PETITION MORE THAN ONCE OR SIGNS A NAME OTHER THAN HIS OR HER OWN IS VIOLATING THE PROVISIONS OF THE MICHIGAN ELECTION LAW.**

For Clerk's Use Only Use Only ✓	SIGNATURE	PRINTED NAME	STREET ADDRESS OR RURAL ROUTE	ZIP CODE	DATE OF SIGNING		
					MONTH	DAY	YEAR
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CLERK - ELECTIONS  
CALHOUN COUNTY MICH  
ANNE D. NORLANDER  
2017 NOV -3 A 11:15  
FILED

**CERTIFICATE OF CIRCULATOR**

The undersigned circulator of the above petition asserts that he or she is a qualified and registered elector of the electoral district of the official whose recall is sought, that each signature on the petition was signed in his or her presence, and was not obtained through fraud, deceit or misrepresentation, and that he or she neither caused nor permitted a person to sign the petition more than once and has no knowledge of a person signing the petition more than once. The undersigned circulator of the above petition further asserts that to his or her best knowledge, information and belief each signature is the genuine signature of the person purporting to sign the petition, the person signing the petition was at the time of signing a qualified registered elector of the City or Township listed in the heading of the petition, and the elector was qualified to sign the petition.

**WARNING – A CIRCULATOR KNOWINGLY MAKING A FALSE STATEMENT IN THE ABOVE CERTIFICATE, A PERSON NOT A CIRCULATOR WHO SIGNS AS A CIRCULATOR, OR A PERSON WHO SIGNS A NAME OTHER THAN HIS OR HER OWN AS CIRCULATOR IS GUILTY OF A MISDEMEANOR.**

**CIRCULATOR – DO NOT SIGN OR DATE CERTIFICATE UNTIL AFTER CIRCULATING PETITION.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Signature of Circulator) (Date)

\_\_\_\_\_  
(Printed Name of Circulator)

\_\_\_\_\_  
(City or Township Where Registered)

\_\_\_\_\_  
Complete Residence Address (Street and Number or Rural Route) (Zip Code)