Signature Withdrawal

I ask that my name be withdrawn from the petition submitted to your office requesting that a state audit be made of the books and records of the _____________________________________.

Name of Political Subdivision

Printed Name: ____________________________

Signature: ____________________________

Pursuant to Section 29.230.4, RSMo, this statement to rescind your signature from the petition is required to be submitted within ten days from submission of the petition to the State Auditor.

For Notary Use Only

State

Subscribed and Sworn Before Me, This _______ Day of _________ Year

Notary Public Signature

My Commission Expires

Notary Public Name (Typed or Printed)

County (or City of St. Louis)

For Agency Use Only

Date Received by SAO: