



SUPPORT STATEMENT FOR DECLARATION TO WITHDRAW
CALAVERAS COUNTY
FROM THE STATE OF CALIFORNIA

Print Name _____

City _____

Signature _____

Email _____

Print Name _____

City _____

Signature _____

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Print Name _____

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Print Name _____

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Print Name _____

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Signature _____

Email _____

ALL AGES CAN SIGN REGARDLESS OF VOTER REGISTRATION STATUS.

PLEASE SEND COMPLETED FORMS TO: CALAVERAS STATE OF JEFFERSON PO BOX 503 ARNOLD, CA 95223