

**COUNTY OF SANTA CLARA  
REGISTRAR OF VOTERS**

1555 Berger Dr., Bldg. 2 San Jose, CA 95112  
TEL:(408)299-VOTE (8683) Web: [sccvote.org](http://sccvote.org)



**VOTER REGISTRATION**

Office Hours: Monday-Friday  
8:00 a.m. to 5:00 p.m.

**PETITION SIGNATURE WITHDRAWAL FORM**

(Election Code 103, 11303, 1110)

**Background**

A voter who has signed a petition, and who subsequently wishes to withdraw their name, may do so by filing a written request for the withdrawal with the appropriate elections official. The written request must include the voter’s name, residence address, and signature, and must be filed in the elections official’s office prior to the date the petition is filed or in the case of a statewide Recall Special Election, within 30 business days of the Secretary of State certifying the petition.

**Instructions**

A voter may complete and submit the following information to the Registrar of Voters to withdraw their name from an initiative or referendum petition they have signed.

I have signed the initiative or referendum petition indicated below and hereby request my name be withdrawn from the petition.

**Title of Petition:** \_\_\_\_\_

**Name of Voter:** \_\_\_\_\_

**Residence Address of Voter:** \_\_\_\_\_

**Signature of Voter:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Deadline**

Per Election Code 103, the written request must be filed prior to the day in which the petition is filed to have the signature withdrawn from the petition. Per Election Code 11108(b), the written request must be filed within 30 business days of the Secretary of State’s notice of sufficient numbers of signatures to initiate a statewide recall.

**Where to File**

County of Santa Clara Registrar of Voters  
Voter Registration Division  
1555 Berger Dr. Bldg. 2, San Jose, CA 95112

**Questions**

Phone: (408) 299-VOTE (8683)  
Email: [voterinfo@rov.sccgov.org](mailto:voterinfo@rov.sccgov.org)  
Fax: (408) 998-7314

<b>OFFICIAL USE ONLY</b>
Date Stamp