



**OFFICE OF THE STATE AUDITOR
PETITION SIGNATURE WITHDRAWAL**

(Form PSW 15-1)

Phone (573) 751-4213
Website: <http://www.auditor.mo.gov>

Return to:
Missouri State Auditor's Office
ATTN: Petitions
P.O. Box 869
Jefferson City, MO 65102
or
Petitions@auditor.mo.gov

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I ask that my name be withdrawn from the petition submitted to your office requesting that a state audit be made of the books and records of the _____.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