

Recall Petition Signature Sheet

L-25-1504 Recall Act Section 4

Member of Legislative Assembly Named in Petition
Angela Pitt

Electoral Division

Airdrie-East

2025-RP-02

PLEASE READ THE ATTACHED NOTICE OF RECALL PETITION AND MEMBER'S RESPONSE STATEMENT BEFORE SIGNING THIS PETITION.

You are eligible to sign this petition if you have not previously signed it, are a Canadian citizen, 18 years of age or older, and have resided in the electoral division named above for at least 3 months.

Given Name	Middle Name	Last Name		Signature			
Physical Address (Civic, 911 or Legal Land)		City/Town					
Telephone Number or Email Address (at least one must be provided)		I am eligible to sig	n this petition:	Date			
Given Name	Middle Name	Last Name		Signature			
Physical Address (Civic, 911 or Legal Land)		City/Town					
Telephone Number or Email Address (at least one must be provided)		I am eligible to sig	n this petition:	Date			
Given Name	Middle Name	Last Name		Signature			
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Physical Address (Civic, 911 or Legal Land)		City/Town					
Telephone Number or Email Address (at least one must be provided)		I am eligible to sig	n this petition:	Date			
TO BE COMPLETED BY CANVASSER							
First Name	Last Name			Badge Number			
I have witnessed the signatures above and will complete a Recall Petition Witness Affidavit (L-22-1505).							
signature date							



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Given Name	Middle Name	Last Name				Signature	
Physical Address (Civic, 911 or Legal Land)		City/Town					
Telephone Number or Email Address (at least one must be provided)		I am elig	ible to sign	this petitio	n:	Date	
Given Name	Middle Name	Last Name				Signature	
Physical Address (Civic, 911 or Legal Land)		City/Town				•	
Telephone Number or Email Address (at least one must be provided)		I am elig	ible to sign	this petitio	n:	Date	
Given Name	Middle Name	Last Name				Signature	
Physical Address (Civic, 911 or Legal Land)		City/Town				•	
Telephone Number or Email Address (at leas	t one must be provided)	I am elig YES	ible to sign	this petitio	n:	Date	
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