Statement of Justification

Public Officer

SEL 352

rev 01/16
ORS 249.877

Warning Supplying false information on this form may result in conviction of a felony with a fine of up to $125,000 and/or prison for up to 5 years. This statement must be submitted no later than 5 days after the filing officer determines the recall petition contains sufficient signatures.

Filing Officer

☐ State ☐ County for both county and district offices ☐ City

Public Officer Information

Name	**Contact Phone**
Residence Address street, city, state, zip	
Mailing Address if different	**Email Address**

Statement Provide a statement of justification of term in office in 200 words or less.

By signing this document I hereby certify that the information in the above statement of justification is true.

Public Officer's Signature | Date Signed

For Office Use Only Initials _____ Date and Time Stamped _____