

# Statement of Justification

# SEL 352

rev 01/18  
ORS 249.877

## Public Officer

**! 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 \_\_\_\_\_