Name of Official Being Recalled: CHRISTOPHER TAPE, MD

REASON: UNIT FOR OFFICE

Title of Official Being Recalled: ST TAMMANY PARISH CORONER

Page Contains 15 Signature Lines

#	**Handwritten Signature of Voter (including surname)** **Note:** Any person unable to write must affix their mark. The person circulating the petition shall affix the name of person in the presence of two witnesses, who must also date and sign their names as witnesses to the mark.	**Name of Voter** (Typed or legibly written)	**Voter's Year of Birth** (yyyy)	**Date of Signature**	**Wd. /Pct. of Voter's Registration**	**Address at which the signer is registered to vote** (include municipal #, apartment #, rural route and/or box #, and city or town)	**Witness Name(s)** (Name of the person(s) who witnessed and obtained signature)	**Date Witnessed** (Date signature was witnessed and obtained)

NOTES: PHOTO COPY THIS PAGE TO ADD MORE SIGNATURES. NUMBER THE WRITTEN SIGNATURE OF THE VOTERS CONSECUTIVELY.

IF THERE IS MORE THAN ONE PARISH FOR THE OFFICE HOLDER BEING RECALLED, KEEP THE SIGNATURES OF VOTERS IN DIFFERENT PARISHES ON SEPARATE PAGES.