

**SUPPORT STATEMENT FOR DECLARATION TO
WITHDRAW _____ COUNTY
FROM THE STATE OF CALIFORNIA**

PRINT NAME: _____ **CITY:** _____

SIGN NAME: _____

PRINT NAME: _____ **CITY:** _____

SIGN NAME: _____

PRINT NAME: _____ **CITY:** _____

SIGN NAME: _____

PRINT NAME: _____ **CITY:** _____

SIGN NAME: _____

PRINT NAME: _____ **CITY:** _____

SIGN NAME: _____

PRINT NAME: _____ **CITY:** _____

SIGN NAME: _____

SEND COMPLETED FORMS TO: