

MONTCALM COUNTY CLERK'S OFFICE



VITAL RECORDS/ELECTIONS DIVISION

211 W. Main Street, PO Box 368, Stanton, Michigan 48888 phone: 989-831-7339 fax: 989-831-7474

RECEIPT FOR CLARITY HEARING REQUEST

I, Bennett R. Reynolds, hereby certify that I am a register voter in the Township of Douglass

and that this recall petition wording is being submitted for the recall of

Amy L. Laper from the office of Douglass Township Treasurer.

Bennett Reynolds

Signature of Filer

Kristen Millard

Kristen Millard, Montcalm County Clerk

Ben Reynolds
Printed Name of Filer

2/14/2022
Date

5729 Ellsworth Ave
Address of Filer

Stanton, Michigan 48888
City, State, Zip

989-620-0903
Telephone Number

MONTCALM COUNTY CLERK'S OFFICE



VITAL RECORDS/ELECTIONS DIVISION
211 W. Main Street, PO Box 368, Stanton, Michigan 48888 phone: 989-831-7339 fax: 989-831-7474

February 14, 2022

Amy L. Laper
3589 N. Sheridan Rd.
Stanton, MI 48888

Dear Mrs. Laper:

You are hereby notified, pursuant to provisions of Section 168.952 of Public Act 456 of 1982, that the presentation of "reasons for recall" from your office Treasurer for the Township of Douglass was made in this office at approximately 12:00 p.m. on Monday, February 14, 2022, by Ben Reynolds. A copy of the petition presented are attached hereto.

You are hereby notified that a hearing of the Montcalm County Election Commission will be held at 11:00 a.m. on Monday, February 28, 2022, in the Board of Commissioners' room on third floor of the Montcalm County Administration Building in Stanton, Michigan.

The purpose of this hearing will be to rule on the clarity of the reasons for recall as provided by said Act 456 of 1982.

If you should have any questions, please do not hesitate to contact this office.

Sincerely,

A handwritten signature in black ink, appearing to read "Kristen Millard".

Kristen Millard
Montcalm County Clerk

Cc: Probate Judge
County Treasurer

Encl.

INSTRUCTIONS ON REVERSE SIDE

RECALL PETITION

FOR CLERK'S USE ONLY

City of
 Township of
 Village of
CHECK ONE

We, the undersigned, registered and qualified voters of the _____, in the County of _____, and State of Michigan, petition for the

calling of an election to recall Amy L. Laper

(Name of Officer)

from the office of

Treasurer

(Title of Office)

(District if Any)

for the following reason(s):

On January 5th, 2022 Douglass Township Treasurer Amy L. Laper abstained from voting on appointing Paul Olson to the Douglass Township Planning Commission.

WARNING - A PERSON WHO KNOWINGLY SIGNS A RECALL PETITION MORE THAN ONCE OR SIGNS A NAME OTHER THAN HIS OR HER OWN IS VIOLATING THE PROVISIONS OF THE MICHIGAN ELECTIONS LAW.

✓	SIGNATURE	PRINT NAME	STREET ADDRESS OR RURAL ROUTE	ZIP CODE	DATE OF SIGNING		
					Month	Day	Year
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

CERTIFICATE OF CIRCULATOR

The undersigned circulator of the above petition asserts that he or she is 18 years of age or older and a United States citizen; that each signature on the petition was signed in his or her presence and was not obtained through fraud, deceit or misrepresentation; that he or she has neither caused nor permitted a person to sign the petition more than once and has no knowledge of a person signing the petition more than once; and that, to his or her best knowledge and belief, each signature is the genuine signature of the person purporting to sign the petition, the person signing the petition was at the time of signing a registered elector of the City or Township listed in the heading of the petition, and the elector was qualified to sign the petition.

If the circulator is not a resident of Michigan, the circulator shall make a cross [x] or check mark [✓] in the box provided, otherwise each signature on this petition sheet is invalid and the signatures will not be counted by a filing official. By making a cross or check mark in the box provided, the undersigned circulator asserts that he or she is not a resident of Michigan and agrees to accept the jurisdiction of this state for the purposes of any legal proceeding or hearing that concerns a petition sheet executed by the circulator and agrees that legal process served on the Secretary of State or a designated agent of the Secretary of State has the same effect as if personally served on the circulator.

WARNING-A CIRCULATOR KNOWINGLY MAKING A FALSE STATEMENT IN THE ABOVE CERTIFICATE, A PERSON NOT A CIRCULATOR WHO SIGNS AS A CIRCULATOR, OR A PERSON WHO SIGNS A NAME OTHER THAN HIS OR HER OWN AS CIRCULATOR IS GUILTY OF A MISDEMEANOR.

ORDER BY FORM NO. LB-8816 - Rev. 02/20 SPECTRUM PRINTERS, INC. - 1-800-225-7947

**CIRCULATOR - DO NOT SIGN OR DATE
CERTIFICATE UNTIL AFTER CIRCULATING PETITION.**

(Signature of Circulator)

(Date)

(Printed Name of Circulator)

(Complete Residence Address [Street and Number or Rural Route]) - [Do not enter a post office box]

(City or Township, State, Zip Code)

(County of Registration, if Registered to Vote, of a Circulator who is not a Resident of Michigan)

(FORM PRESCRIBED AND APPROVED BY THE SECRETARY OF STATE, STATE OF MICHIGAN)