Signature Sheet | Local ☐ Initiative ☐ Referendum

Petition ID _____

It is against the law to sign a petition more than one time. Signers of this page must be active registered voters of the jurisdiction at the time of signing.

☐ **SOME** Circulators ☐ **NO** Circulators for this petition are being paid.

To the Elections Official of:

→ We, the undersigned voters, request this measure to be submitted to the residents of the jurisdiction listed below for their approval or rejection. A full and correct copy of this measure was made available for review and I have not previously signed a petition sheet for this measure.

County	City	District

Ballot Title Caption (Initiative) **or Number of Ordinance or Resolution and Date Adopted** (Referendum)

Initial any changes the circulator makes to your printed name, residence address or date you signed the petition.

	Signature	Date Signed mm/dd/yy	Print Name	Residence or Mailing Address street, city, zip code
1				
2				
3				
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10				

Circulator Certification This certification **must** be completed by the circulator and additional signatures **should not** be collected on this sheet once the certification has been signed and dated!

I hereby certify that I witnessed the signing of the signature sheet by each individual whose signature appears on the signature sheet, and I believe each person is a voter qualified to sign the petition (ORS 198.750, 221.031, 250.165, 250.265, 255.135). I also hereby certify that compensation I received, if any, was not based on the number of signatures obtained for this petition.

Circulator Signature _____ **Date Signed** mm/dd/yy _____

Sheet Number
Completed by chief petitioner

Printed Name of Circulator _____ **Circulator's Address** street, city, zip code _____

County Elections Officials provide a separate certification to attach to the petition.