

**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.

<b>County</b>	<b>City</b>	<b>District</b>
---------------	-------------	-----------------

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

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

	<b>Signature</b>	<b>Date Signed</b> mm/dd/yy	<b>Print Name</b>	<b>Residence or Mailing Address</b> street, city, zip code
1	_____			
2	_____			
3	_____			
4	_____			
5	_____			
6	_____			
7	_____			
8	_____			
9	_____			
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