

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)

i 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 | _____ | _____ | _____ | _____ |
| 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 | |