

Petition for Creation of a City Through Consolidation

Petition ID _____

Petition for the consolidation of cities. Signers of this page must be active registered voters in the following

City only:	County only:	Unincorporated area:
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Name of City or Cities and Description of the Boundaries of Unincorporated Areas Proposed for Consolidation

! Don not sign this petition more than once.
Do not sign if map is not attached to this sheet.

To the Governing Bodies of the Cities of _____, We, the undersigned voters, of the area(s) proposed to be consolidated petition to form the city named below. A permanent rate limit for operating taxes of \$ _____ per thousand dollars of assessed value is proposed. A description is attached to this petition describing the proposed boundaries of the consolidated city

! Signers must initial any changes the circulator makes to their printed name, residence address or date they 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 signed by the circulator.

You should not collect any additional signatures on this sheet once you have signed and dated the certification!

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 qualified voter in area(s) proposed for consolidation (ORS 222.220).

Circulator Signature

Date Signed mm/dd/yy

Printed Name of Circulator

Circulator's Address street, city, zip code

Sheet Number
Sheet will be numbered by group submitting the petition.