

STAPLE
HERE

It is unlawful to sign this petition before it has a serial number.

COUNTY

PAID CIRCULATOR VOLUNTEER

Petition for Referendum To the Clerk: We, the undersigned citizens and qualified electors of the state of Arizona, respectfully order that local measure No. entitled (title of act or ordinance, and if the petition is against less than the whole act or ordinance then set forth here, the item, section, or part, of any measure on which the referendum is used), passed by the (city or town) Council shall be referred to a vote of the qualified electors of the city or town for their approval or rejection at the next regular general election (or city or town election) and each for himself says: I have personally signed this petition with my first and last names. I have not signed any other petition for the same measure. I am a qualified elector of the state of Arizona, city or town of .

Referendum description: Insert a description of not more than 200 words of the principal provisions of the proposed measure sought to be referred. **Notice:** This is only a description of the measure sought to be referred prepared by the sponsor of the measure. It may not include every provision contained in the measure. Before signing, make sure the title and text of the measure are attached. You have the right to read or examine the title and text before signing.

Warning: It is a class 1 misdemeanor for any person to knowingly sign an initiative or referendum petition with a name other than his own except in a circumstance where he signs for a person in the presence of and at the specific request of such person who is incapable of signing his own name because of physical infirmity, or to knowingly sign his name more than once for the same measure, or to knowingly sign such petition when he is not a qualified elector.

	Signature	Printed Name			Actual address (street & no. and if no street address, describe residence location)	Arizona post office address & zip code	City or Town (if any)	Date signed
		First	MI	Last				
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Instructions for Circulators

1. All circulators shall sign the Affidavit of Circulator.
2. All non-resident circulators, whether paid or volunteer, must register with the Secretary's Office before circulating petitions. Circulators who are Arizona residents must register with the Secretary of State's office before circulating petitions if they are both (i) paid, and (ii) circulating for a statewide initiative or referendum. Circulators who are required to register should print their Circulator ID number in the space provided on the front and back side of each petition sheet.
3. Circulators are not required to be a resident of this state but otherwise must be qualified to vote in this state.
4. Circulators shall include their actual residence address or, if no street address, a description of their residence location.

Affidavit of Circulator

State of Arizona COUNTY WHERE NOTARIZED
County of (Where notarized)

I, PRINT NAME

, a person who is not required to be a resident of this state but who is otherwise qualified to register to vote in the county of

COUNTY OF RESIDENCE

, in the state of Arizona at all times during my circulation of this petition sheet, and under the penalty of a class 1 misdemeanor, depose and say that subject to section 19-115, Arizona Revised

Statutes, each individual printed the individual's own name and address and signed this sheet of the foregoing petition in my presence on the date indicated and I believe that each signer's name and residence address or post office address are correctly stated and that each signer is a qualified elector of the state of Arizona (or in the case of a city or town, of the city or town affected by the measure proposed to be referred to the people) and that at all times during circulation of this signature sheet a copy of the title and text was attached to the signature sheet.

(Signature of affiant)

CIRCULATOR SIGNATURE		
RESIDENCE ADDRESS / LOCATION		
CITY	STATE	ZIP

(Residence address, street and number of affiant, or if

no street address, a description of residence location)

DATE OF NOTARIZATION

(date)

Stamp notary seal within the box below

NOTARY SIGNATURE

Notary Public