Signature Sheet Loc	cal 🔝 Initiative 🔛 Refe	rendum	Petition ID	
			d voters of the jurisdiction at the time of signing.	
SOME Circulators	NO Circulators for this petition a	are being paid.		
To the Elections Official of:				
_			below for their approval or rejection. A full and correct co	py of this measure was
made available for review and County	d I have not previously signed a petition sh	eet for this measure.	District	
County	City		District	
Ballot Title Caption or Numb	er of Ordinance/Resolution and Date	Adopted		
		торгои		
	lator makes to your printed name, resider	nce address or date you signed the po		
Signature	Date Signed mm/dd/yy	Print Name	Residence or Mailing Address street, city, z	zip code
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Circulator Certification This	certification must be completed by the circ	culator and additional signatures sho	ould not be collected on this sheet once the certification ha	as been signed and dated!
		-	n the signature sheet, and I believe each person is a voter o	
petition (ORS 198.750, 221.031, 2	50.165, 250.265, 255.135). I also hereby ce	ertify that compensation I received, i	f any, was not based on the number of signatures obtained	d for this petition.
Circulator Signature		Date Signed mm/dd/yy	<u> </u>	Sheet Number
				Completed by
				chief petitioner
Printed Name of Circulator		Circulator's Address street, city,	zip code	