

State of Maryland - Local Referendum Petition

We, the undersigned voters of _____
County, hereby petition to refer _____

(Bill or Ordinance number and title) to a vote of the registered voters of the County for approval or rejection at the next general election.

If the full text of the bill/ordinance or part of the bill/ordinance referred (the "proposal") does not appear on the back of the signature page, a fair and accurate summary of the substantive provisions of the proposal must appear on the back or be attached, and the full text of the proposal must be immediately available from the petition circulator.

NOTICE TO SIGNERS: Sign and print your name (1) as it appears on the voter registration list, OR (2) your surname of registration AND at least one full given name AND the initial of any other names. Please print or type all information other than your signature. Post Office Box addresses are not generally accepted as valid. By signing this petition, you agree that the aforementioned proposal should be placed on the ballot as a referendum question at the next general election and that, to the best of your knowledge, you are registered to vote in Maryland and are eligible to have your signature counted for this petition.

SBE 6-201-8C (Rev 3-2012)

Please Note: The information you provide on this petition is public information and may be used to change your voter registration address.

1	Print Name:	First Name	Middle Name	Last Name	Birth Date:	Month	Date	Year
	Signature:				Date of Signature:	Month	Date	Year
	Maryland Residence Address:	Street Number	Street Name	Apt. No.	City or Town	Zip		
2	Print Name:	First Name	Middle Name	Last Name	Birth Date:	Month	Date	Year
	Signature:				Date of Signature:	Month	Date	Year
	Maryland Residence Address:	Street Number	Street Name	Apt. No.	City or Town	Zip		
3	Print Name:	First Name	Middle Name	Last Name	Birth Date:	Month	Date	Year
	Signature:				Date of Signature:	Month	Date	Year
	Maryland Residence Address:	Street Number	Street Name	Apt. No.	City or Town	Zip		
4	Print Name:	First Name	Middle Name	Last Name	Birth Date:	Month	Date	Year
	Signature:				Date of Signature:	Month	Date	Year
	Maryland Residence Address:	Street Number	Street Name	Apt. No.	City or Town	Zip		
5	Print Name:	First Name	Middle Name	Last Name	Birth Date:	Month	Date	Year
	Signature:				Date of Signature:	Month	Date	Year
	Maryland Residence Address:	Street Number	Street Name	Apt. No.	City or Town	Zip		

Individual Circulator's printed or typed name _____
Residence Address _____
City _____ State _____ Zip _____
Telephone (including area code) _____

Circulator's Affidavit Under penalties of perjury, I swear (or affirm) that: (a) I was at least 18 years old when each signature was obtained; (b) the information given to the left identifying me is true and correct; (c) I personally observed each signer as he or she signed this page; and (d) to the best of my knowledge and belief: (i) all signatures on this page are genuine; and (ii) all signers are registered voters of Maryland. (Sign and Date when signature collection is completed)

Circulator's Signature _____ Date (mm/dd/yy) _____