NAME	RESIDENCE	DATE/COUNTY
IGN	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER	DATE OF SIGNING
INT	CITY OR TOWN	COUNTY OF REGISTRATION
GN	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER	DATE OF SIGNING
RINT	CITY OR TOWN	COUNTY OF REGISTRATION
GN	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER	DATE OF SIGNING
INT	CITY OR TOWN	COUNTY OF REGISTRATION
GN	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER	DATE OF SIGNING
UNT	CITY OR TOWN	COUNTY OF REGISTRATION
GN GN	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER	DATE OF SIGNING
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INT	CITY OR TOWN	COUNTY OF REGISTRATION
GN	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER	DATE OF SIGNING
INT	CITY OR TOWN	COUNTY OF REGISTRATION
GN	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER	DATE OF SIGNING
INT	CITY OR TOWN	COUNTY OF REGISTRATION
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RINT	CITY OR TOWN	COUNTY OF REGISTRATION
GN	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER	DATE OF SIGNING
RINT	CITY OR TOWN	COUNTY OF REGISTRATION
en .	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER	DATE OF SIGNING
RINT	CITY OR TOWN	COUNTY OF REGISTRATION
	LATOR: This section must be completed following	
rint name of the circulator	Residence Address	City State
resence, that I made reasonable in ualified voter in the county indica	the above petition, that each signer personally singuiry and to the best of my knowledge each personal on the signature line, that no state statute register the signer or I added the printed name, the recounty of voter registration.	on signing the petition is a arding petition circulation
worn to before me this day (Seal)		
	Signature of Officer	Administering Oath
fy Commission Expires		inictoring Oath
Form Revised 2010 - 5:02:08:07	Title of Officer Adm	mistering Oath