

## Notice of Intent

### Description of Effect – County Referendum Petition NRS 295.095

Pursuant to NRS 295.095, a copy of the county initiative or referendum, including the description of effect, must be filed with the County Clerk's office at the time you submit this form.

The People of the County of  do enact as follows:  
(Do not add a Title, an Identifier # will be assigned)

DESCRIPTION OF EFFECT  
(Insert 200 Words or Less Description of The Effect)

County of \_\_\_\_\_ } (Only registered voters of this County may sign below.)

This space for  
office use only

1	PRINT YOUR NAME (last name, first name, initial)	RESIDENTIAL ADDRESS ONLY:	
	YOUR SIGNATURE: _____ DATE: ____/____/____	CITY: _____ COUNTY: _____	
2	PRINT YOUR NAME (last name, first name, initial)	RESIDENTIAL ADDRESS ONLY:	
	YOUR SIGNATURE: _____ DATE: ____/____/____	CITY: _____ COUNTY: _____	
3	PRINT YOUR NAME (last name, first name, initial)	RESIDENTIAL ADDRESS ONLY:	
	YOUR SIGNATURE: _____ DATE: ____/____/____	CITY: _____ COUNTY: _____	
4	PRINT YOUR NAME (last name, first name, initial)	RESIDENTIAL ADDRESS ONLY:	
	YOUR SIGNATURE: _____ DATE: ____/____/____	CITY: _____ COUNTY: _____	

# Referendum Petition

The People of the County of  do enact as follows:  
(Do not add a Title, an Identifier # will be assigned)

DESCRIPTION OF EFFECT  
(Insert 200 Words or Less Description of The Effect)

County of \_\_\_\_\_ } (Only registered voters of this County may sign below.)

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	YOUR SIGNATURE: _____ DATE: ____/____/____	CITY: _____ COUNTY: _____	
6	PRINT YOUR NAME (last name, first name, initial)	RESIDENTIAL ADDRESS ONLY:	
	YOUR SIGNATURE: _____ DATE: ____/____/____	CITY: _____ COUNTY: _____	
7	PRINT YOUR NAME (last name, first name, initial)	RESIDENTIAL ADDRESS ONLY:	
	YOUR SIGNATURE: _____ DATE: ____/____/____	CITY: _____ COUNTY: _____	
8	PRINT YOUR NAME (last name, first name, initial)	RESIDENTIAL ADDRESS ONLY:	
	YOUR SIGNATURE: _____ DATE: ____/____/____	CITY: _____ COUNTY: _____	
9	PRINT YOUR NAME (last name, first name, initial)	RESIDENTIAL ADDRESS ONLY:	
	YOUR SIGNATURE: _____ DATE: ____/____/____	CITY: _____ COUNTY: _____	

**Referendum Petition**

The People of the County of  do enact as follows:

**DESCRIPTION OF EFFECT**  
(Insert 200 Words or Less Description of The Effect)

County of \_\_\_\_\_ } (Only registered voters of this County may sign below.) This space for  
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10	PRINT YOUR NAME (last name, first name, initial)	RESIDENTIAL ADDRESS ONLY:	
	YOUR SIGNATURE: <span style="float: right;">DATE: / /</span>	CITY: <span style="float: right;">COUNTY:</span>	
11	PRINT YOUR NAME (last name, first name, initial)	RESIDENTIAL ADDRESS ONLY:	
	YOUR SIGNATURE: <span style="float: right;">DATE: / /</span>	CITY: <span style="float: right;">COUNTY:</span>	
12	PRINT YOUR NAME (last name, first name, initial)	RESIDENTIAL ADDRESS ONLY:	
	YOUR SIGNATURE: <span style="float: right;">DATE: / /</span>	CITY: <span style="float: right;">COUNTY:</span>	
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	YOUR SIGNATURE: <span style="float: right;">DATE: / /</span>	CITY: <span style="float: right;">COUNTY:</span>	
14	PRINT YOUR NAME (last name, first name, initial)	RESIDENTIAL ADDRESS ONLY:	
	YOUR SIGNATURE: <span style="float: right;">DATE: / /</span>	CITY: <span style="float: right;">COUNTY:</span>	

# Referendum Petition

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(Do not add a Title, an Identifier # will be assigned)

DESCRIPTION OF EFFECT  
(Insert 200 Words Or Less Description of The Effect)

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County of \_\_\_\_\_} (Only registered voters of this County may sign below.)

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15	PRINT YOUR NAME (last name, first name, initial)	RESIDENTIAL ADDRESS ONLY:	
	YOUR SIGNATURE: _____ DATE: _____ /   /	CITY: _____ COUNTY: _____	
16	PRINT YOUR NAME (last name, first name, initial)	RESIDENTIAL ADDRESS ONLY:	
	YOUR SIGNATURE: _____ DATE: _____ /   /	CITY: _____ COUNTY: _____	
17	PRINT YOUR NAME (last name, first name, initial)	RESIDENTIAL ADDRESS ONLY:	
	YOUR SIGNATURE: _____ DATE: _____ /   /	CITY: _____ COUNTY: _____	
18	PRINT YOUR NAME (last name, first name, initial)	RESIDENTIAL ADDRESS ONLY:	
	YOUR SIGNATURE: _____ DATE: _____ /   /	CITY: _____ COUNTY: _____	
19	PRINT YOUR NAME (last name, first name, initial)	RESIDENTIAL ADDRESS ONLY:	
	YOUR SIGNATURE: _____ DATE: _____ /   /	CITY: _____ COUNTY: _____	

**Referendum Petition**

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(Insert 200 Words or Less Description of The Effect)

County of \_\_\_\_\_ } (Only registered voters of this County may sign below.)

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	YOUR SIGNATURE: <span style="float: right;">DATE: /   /</span>	CITY: <span style="float: right;">COUNTY:</span>	
21	PRINT YOUR NAME (last name, first name, initial)	RESIDENTIAL ADDRESS ONLY:	
	YOUR SIGNATURE: <span style="float: right;">DATE: /   /</span>	CITY: <span style="float: right;">COUNTY:</span>	
22	PRINT YOUR NAME (last name, first name, initial)	RESIDENTIAL ADDRESS ONLY:	
	YOUR SIGNATURE: <span style="float: right;">DATE: /   /</span>	CITY: <span style="float: right;">COUNTY:</span>	
23	PRINT YOUR NAME (last name, first name, initial)	RESIDENTIAL ADDRESS ONLY:	
	YOUR SIGNATURE: <span style="float: right;">DATE: /   /</span>	CITY: <span style="float: right;">COUNTY:</span>	
24	PRINT YOUR NAME (last name, first name, initial)	RESIDENTIAL ADDRESS ONLY:	
	YOUR SIGNATURE: <span style="float: right;">DATE: /   /</span>	CITY: <span style="float: right;">COUNTY:</span>	

## Referendum Petition

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(Do not add a Title, an Identifier # will be assigned)

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(Insert 200 Words or Less Description of The Effect)

County of \_\_\_\_\_ } (Only registered voters of this County may sign below.)

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25	PRINT YOUR NAME (last name, first name, initial)	RESIDENTIAL ADDRESS ONLY:	
	YOUR SIGNATURE: <span style="float: right;">DATE: / /</span>	CITY: <span style="float: right;">COUNTY:</span>	

### AFFIDAVIT OF CIRCULATOR

(To be completed by the person who circulated the petition after all signatures have been obtained)

State of Nevada )

County of \_\_\_\_\_ )

I, \_\_\_\_\_, (print name), swear or affirm under penalty of perjury that the forgoing is true and correct: (1) that I reside at \_\_\_\_\_ (print street, city, and state); (2) that I am 18 years of age or older; (3) that I personally circulated this document; (4) that all signatures are genuine and were affixed in my presence; (5) that the number of signatures affixed thereon is \_\_\_\_; and (6) that each person who signed had an opportunity before signing to read the full text of the act or resolution on which the initiative or referendum is demanded.

\_\_\_\_\_  
Signature of Circulator

Subscribed and sworn to or affirmed before me this \_\_\_\_\_

day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_

\_\_\_\_\_  
Notary Public or person authorized to administer an oath