

City Initiative or Referendum Petition

NRS 295.015

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

ATTACH FULL TEXT OF THE PROPOSED ORDINANCE

DESCRIPTION OF EFFECT
(Insert 200 Words or Less for the Description Of The Effect)

City of _____ } (Only registered voters of this city may sign below.)

This space for
office use only

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

[Place affidavit on last page of document]

AFFIDAVIT OF CIRCULATOR
NRS 295.205(7)

(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 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