

4 SECKLIART 9 STATE

# City Initiative or Referendum Petition NRS 295.015

The People of the City of (Do not add a Title, an Identifier # will be assigned)	do enact as follows:
ATTACH FULL TEXT OF THE PROPOSED ORDIN	ANCE

			ON OF EFF or the Desci	ECT ription Of The Effect)	
City of	f} ( <u>Only</u> registered v	oters of t	his city ma	y 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:	
4	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE	ADDRESS ONLY:	
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:	
5	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE	ADDRESS ONLY:	
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:	



4 SECRETARY STATE

### City Initiative or Referendum Petition

NRS	295.015				
	ATTACH FULL T	EXT OF T	HE PROPO	do enact as fol l be assigned) OSED ORDINANCE	lows:
			ON OF EFF s Descript	ion of the Effect)	
City o	f}} ( <u>Only</u> registered v	voters of t	:his city ma	ay sign below.)	This space for
6	PRINT YOUR NAME (last name, first name, initial)		1	ADDRESS ONLY:	office use only
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:	
7	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE	ADDRESS ONLY:	
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:	
8	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE	ADDRESS ONLY:	
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:	
9	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE	ADDRESS ONLY:	
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:	
10	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE	ADDRESS ONLY:	
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:	



### City Initiative or Referendum Petition NRS 2

NRS 2	295.015				
	The People of the City of (Do not add	a Title, an I	dentifier # will	do enact as	follows:
	ATTACH FULL T	EXT OF T	HE PROPO	SED ORDINANCE	
			ON OF EFFE ss Descripti	ECT on of the Effect)	
City of	(Only registered \	voters of	this city ma	y sign below.)	This space fo office use on
11	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE A	DDRESS ONLY:	
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:	
12	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE A	DDRESS ONLY:	
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:	
13	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE A	DDRESS ONLY:	
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:	
14	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE A	DDRESS ONLY:	
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:	
15	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE A	DDRESS ONLY:	

CITY:

DATE:

COUNTY:

YOUR SIGNATURE:



#### City Initiative or Referendum Petition NRS 295.015

	The People of the City of (Do not add	a Title, an Id	dentifier # will be a	do enact as follow assigned)	S:
	ATTACH FULL T	EXT OF T	HE PROPOSED	ORDINANCE	
	<u>DE</u> (Insert 200 Wor		ON OF EFFECT s Description o		
City of	} ( <u>Only</u> registered v	oters of t	his city may si	gn below.)	This space fo
16	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE ADDRI	ESS ONLY:	
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:	
17	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE ADDRI	ESS ONLY:	
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:	
18	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE ADDRI	ESS ONLY:	
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:	
19	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE ADDRI	ESS ONLY:	
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:	

RESIDENCE ADDRESS ONLY:

COUNTY:

DATE:

CITY:

YOUR SIGNATURE:

20

PRINT YOUR NAME (last name, first name, initial)



\* SECRETARY STATE

# City Initiative or Referendum Petition NRS 295.015

The People of the City of (Do not add a Title, an Identifier # will be assigned)	do enact as follows:
ATTACH FULL TEXT OF THE PROPOSED ORDINA	ANCE
<u>DESCRIPTION OF EFFECT</u> (Insert 200 Words or Less Description of the Eff	fect)

	f} ( <u>Only</u> registered v	oters of t	this city ma	y sign below.)	This space fo office use onl
21	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE A	ADDRESS ONLY:	
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:	
22	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE #	ADDRESS ONLY:	
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:	
23	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE A	ADDRESS ONLY:	
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:	
24	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE A	ADDRESS ONLY:	
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:	
25	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE A	ADDRESS ONLY:	
	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)		
		ar or affirm under penalty of perjury that the
this document; (4) that all signature affixed thereon is; a	es were affixed in mand (6) that each pe	of age or older; (3) that I personally circulated my presence; (5) that the number of signatures person who signed had an opportunity before on on which the initiative or referendum is
		Signature of Circulator
Subscribed and sworn to or affirm	ned before me this _	
day of,,	, by	
Notary Public or person authorized	d to administer an o	 oath