

**Initiative Petition for Constitutional Amendment
NRS 295.015**

Description of Effect

(Insert 200 words or less description of the effect)

County of _____ (Only registered voters of this county may sign below)

Petition District: _____ (Only registered voters of this petition district 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: _____	
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: _____	

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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: _____		
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	YOUR SIGNATURE: _____ DATE: ____/____/____	CITY: _____ COUNTY: _____		
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	YOUR SIGNATURE: _____ DATE: ____/____/____	CITY: _____ COUNTY: _____		
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	YOUR SIGNATURE: _____ DATE: ____/____/____	CITY: _____ COUNTY: _____		
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	YOUR SIGNATURE: _____ DATE: ____/____/____	CITY: _____ COUNTY: _____		
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	YOUR SIGNATURE: _____ DATE: ____/____/____	CITY: _____ COUNTY: _____		
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(Insert 200 words or less description of the effect)

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18	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:	
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	YOUR SIGNATURE: DATE: / /	CITY: COUNTY:	
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	YOUR SIGNATURE: DATE: / /	CITY: COUNTY:	
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	YOUR SIGNATURE: DATE: / /	CITY: COUNTY:	

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

AFFIDAVIT OF CIRCULATOR

State of Nevada)
)
County of _____)

(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.

X_____

EL-D04(b)-25
NRS 295.015
Revised: 4/28/25