

Initiative Petition for Statewide Statutory Measure
NRS 295.015, NAC 295.020, NAC 295.025

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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	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: _____		
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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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	YOUR SIGNATURE: _____ DATE: ____/____/____	CITY: _____	COUNTY: _____	

[Place affidavit on last page of document]

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), being first duly sworn under penalty of perjury, depose and say: (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. _____

Subscribed and sworn to or affirmed before me this _____
day of _____, _____, by _____

Notary Public or person authorized to administer an oath

Signature of Circulator

X_____