

Notice of Intent

Description of Effect – County Initiative 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: _____ | |

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| 25 | PRINT YOUR NAME (last name, first name, initial) | RESIDENTIAL ADDRESS ONLY: | |
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(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

day of _____, _____, by _____

Notary Public or person authorized to administer an oath