

We the qualified voters of _____

COUNTY OR CITY OR TOWN AND DISTRICT, IF APPLICABLE

signed hereunder or on the reverse side of this page do hereby petition the circuit court to enter and order, pursuant to § _____ of the Code of Virginia for a Special Election to be held on the _____ day of _____, 20____, on the question listed below:

COMMONWEALTH OF VIRGINIA
**PETITION OF QUALIFIED
 VOTERS
 FOR REFERENDUM**

Overlay this area with the question to be placed on the ballot and then photocopy as many forms as needed. The question should be stated in the manner in which it is set forth in the law which authorizes the petition for the election.

All signatures required by law need not be on the same page of the petition. Numerous pages may be circulated. The circulator of each page must be a person who either is, or who is eligible to be, registered and qualified to vote in the referendum for which this petition is circulated. The circulator also must swear or affirm in the affidavit that s/he personally witnessed the signature of each voter.

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT ON BOTH SIDES OF THIS FORM THAT S/HE RESIDES IN AND EITHER IS, OR IS ELIGIBLE TO BE, A REGISTERED AND QUALIFIED VOTER OF THE DISTRICT FOR WHICH THE REFERENDUM IS REQUESTED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.

SIGNER: YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN AND DOES NOT SIGNIFY AN INTENT TO VOTE FOR THE REFERENDUM.

OFFICE USE ONLY ▼	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENT ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED	*SEE NOTE BELOW LAST 4 DIGITS SOCIAL SECURITY NUMBER [OPTIONAL]
1.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
2.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
3.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
4.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
5.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
6.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
7.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
8.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
9.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON BOTH SIDES OF THE FORM

Commonwealth of Virginia

- AFFIDAVIT -

I, _____, swear or affirm that (i) my resident address is _____; and, if different, my mailing address is _____; (ii) if applicable, I represent _____ organization in support of the referendum; (iii) either am, OR I am eligible to be, a registered and qualified voter in the County/City of _____ and, if applicable, _____ District; or, if this petition is for a town referendum, the Town of _____; (iv) I reside and I am registered, or eligible to be registered, in the county or city or town and, if applicable, the district for which this petition is circulated; (v) I am qualified to vote, or eligible to be qualified, to vote for the referendum for which this petition is circulated; and (vi) I personally witnessed the signature of each person who signed this page or its reverse side. I understand that falsely signing this affidavit is a felony punishable by a maximum fine up to \$2500 and/or imprisonment for up to ten years.

CIRCULATOR'S
 LAST 4 DIGITS OF SOCIAL
 SECURITY NUMBER

Notary Signs the Affidavit on the Reverse Side

SIGNATURE OF PERSON CIRCULATING THE PETITION

* Privacy notice: The Code of Virginia, § 24.2-684.1, authorizes requesting the last four digits of your social security number to facilitate checking this petition with the official voter registration record. You are not required to provide this information and may sign the petition without doing so. The State Board of Elections or the General Registrar, when copying this document for public inspection, must cover the column containing any social security number or part thereof.

CONTINUED FROM REVERSE SIDE

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT ON BOTH SIDES OF THIS FORM THAT S/HE RESIDES IN AND EITHER IS, OR IS ELIGIBLE TO BE, A REGISTERED AND QUALIFIED VOTER OF THE DISTRICT FOR WHICH THE REFERENDUM IS REQUESTED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.

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10.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
11.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
12.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
13.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
14.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
15.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
16.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
17.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
18.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
19.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		
20.	SIGN	RESIDENCE		
	PRINT	CITY/TOWN		

Commonwealth of Virginia

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CIRCULATOR'S
LAST 4 DIGITS OF SOCIAL
SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE
NOTARY SEAL/STAMP BELOW

SIGNATURE OF PERSON CIRCULATING THE PETITION

State of _____ County/City of _____

The foregoing instrument was subscribed and sworn before me this
_____ day of _____, 20 ____ by

PRINT NAME OF PERSON CIRCULATING THE PETITION

SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS NOTARY REGISTRATION NUMBER** DATE NOTARY COMMISSION EXPIRES**

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** If not included in seal/stamp.