

Affidavit for Proposed Referendum Measure

I, _____, declare as follows:
print name as registered to vote

1. I am over 18 years of age and competent to testify.
2. I am a registered voter residing at:

_____, WA
street address city zip code

county (area code) telephone number

3. I herewith submit a proposed Referendum Measure on _____
bill number

in the form appended hereto.

4. I request that the Secretary of State assign the proposed Referendum Measure a number, transmit a copy to the Office of the Code Reviser, and transmit a copy to the Attorney General for a ballot title.

5. I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct and of my own knowledge, and that I executed this declaration at _____, Washington, in the County of _____, this _____ day of _____, 20____.

signature

Note: The Office of the Secretary of State posts information regarding proposed Referendum Measures on the agency's website, including contact information for each sponsor. If you would like alternate contact information to be posted, please provide that information below. Please be aware that all information on this affidavit is public record and is subject to public disclosure.

address city state zip code

email (area code) telephone number (area code) fax number