INITIATIVE PETITION FOR SUBMISSION TO THE PEOPLE

To the Honorable Steve Hobbs, Secretary of State of the State of Washington:

We, the undersigned citizens and legal voters of the State of Washington, respectfully direct that the proposed measure known as Initiative Measure No. . . . ., entitled (here insert the established ballot title of the measure), a full, true and correct copy of which is printed on the reverse side of this petition, be submitted to the legal voters of the State of Washington for their approval or rejection at the general election to be held on the . . . day of November, (year); and each of us for himself or herself says: I have personally signed this petition; I am a legal voter of the State of Washington, in the city (or town) and county written after my name, my residence address is correctly stated, and I have knowingly signed this petition only once.

Signature (As on Voter Registration)  
Print Name 
Birthdate (Optional) 
Address where you are registered  
City  
Zip  
County 

WARNING: EVERY PERSON who signs this petition with any other than his or her true name, knowingly signs more than one of these petitions, signs this petition when he or she is not a legal voter, or makes any false statement on this petition may be punished by fine or imprisonment or both.

Ballot Measure Summary

Should this measure be enacted into law?  
Yes  [ ]  No  [ ]

BALLOT TITLE - Statement of Subject:
Concise Description:

Initiative number here.

Your statement or catch phrase.

Initiative number here.

Ballot title and concise description provided by the Attorney General (Required - RCW 29A.72.050)

Summary provided by Attorney General (Required - RCW 29A.72.060)

Required Warning Text - RCW 29A.72.140

Name, Signature, Address, City and Zip are necessary to locate a matching signature - WAC 434-379-008

Note: Date of Birth is not required but very helpful when locating voter registrations. It is also public information for registered voters.

Template Use:

Using an OSOS template enables faster processing of results. Please use:

- 20 Rows
- 1/2 inch height for each row
- Fields: signature, printed name, date of birth, address, city & zip
- DO NOT use screen back printing or greased areas in signature fields

To access a template for your use please visit: https://www.sos.wa.gov/elections/initiatives/

This area is reserved for OSOS. (Do NOT write in or alter this area)
(Do NOT format as a footer)
PETITION GATHERER, SIGN HERE!

I, _______________________________________, swear or affirm under penalty of law that I circulated this sheet of the foregoing petition, and that, to the best of my knowledge, every person who signed this sheet of the foregoing petition knowingly and without any compensation or promise of compensation willingly signed his or her true name and that the information provided therewith is true and correct. I further acknowledge that under chapter 29A.84 RCW, forgery of signatures on this petition constitutes a class C felony, and that offering any consideration or gratuity to any person to induce them to sign a petition is a gross misdemeanor, such violations being punishable by fine or imprisonment or both. RCW 9A.46.020 applies to any conduct constituting harassment against a petition signature gatherer. This penalty does not preclude the victim from seeking any other remedy otherwise available under law.

NAME (signature) __________________________________________ PHONE __________________________

HOME EMAIL ________________________________________________ Mailing Address ________________________________

Complete text

Readable, full, true, and correct copy

8) Required Text- RCW 29A.72.120

9) Insert your complete text (Text provided to Attorney General for the creation of the Ballot Title and Summary.)

NOTE: Petition is formatted for 11 inches by 17 inches.