

Gila County, Arizona  
Department of Elections  
5515 S Apache Ave., Ste. 900  
Globe, AZ 85501

**APPLICATION FOR INITIATIVE OR REFERENDUM PETITION SERIAL NUMBER**

The undersigned intends to circulate and file an **INITIATIVE** or a **REFERENDUM** (circle the appropriate word) petition and hereby makes application for the issuance of an official serial number to be printed in the lower right-hand corner of each side of each signature sheet of such petition. Pursuant to Arizona Revised Statutes § 19-111, attached hereto is the full text, in no less than eight point type, of the **MEASURE** or **CONSTITUTIONAL AMENDMENT** (circle appropriate word) intended to be **INITIATED** or **REFERRED** (circle appropriate word) at the next general election.

**SUMMARY:** A description of no more than one hundred words of the principal provisions of the proposed law, constitutional amendment or measure that will appear in no less than eight point type on the face of each petition signature sheet to be circulated.

I hereby make application for issuance of an official serial number. Said serial number is to be affixed to the lower right-hand corner on each side of each petition signature sheet.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name of Organization (if any)

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Address of Organization

\_\_\_\_\_  
Address of Applicant

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Name of Officer and Title

**For Office Use Only**

Date of Application \_\_\_\_\_

Full text of the proposed law, constitutional amendment or measure to be initiated or referred attached \_\_\_\_\_

Statement of Organization or Exemption Statement attached \_\_\_\_\_

Number Signatures Required \_\_\_\_\_

Deadline for Submission \_\_\_\_\_

Serial Number Issued \_\_\_\_\_

\_\_\_\_\_  
Address of Officer

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Name of Officer and Title

\_\_\_\_\_  
Address of Officer

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone Number