Initiative and Referendum Petition Registration Form

A licensed petition entity must complete this form prior to circulating any initiative or referendum petition. Complete, sign, and return this form to the Colorado Secretary of State's office.

Handwritten forms not accepted.

Contact Information					
Petition Entity	<i>y</i> Name				
Current Name	Pivotal Politics LLC				
Petition Entity	/ Address				
Street Address	2511 Jobar Ct		Apt/Unit		
City Colora	do Springs State CC)	Zip Code	80909	
Petition Entity Telephone & Email Address					
Phone Number	hone Number 7192031074 Email Address Marcogr@pivotal-politics.com				
Petition Entity Designated Agent					
First Name M	First Name Marco Last Name Granger-Rivera				
Initiative Number(s)					
List the initiative/referendum number(s) to be circulated					
Initiative/referendum number(s) #310					
Signature					
Signature					
Applicant's Affirmation					
I affirm under penalty of perjury that the above information is true and complete and that I will notify the Colorado Secretary of State within twenty days of any change in the information submitted above (including any additional initiatives to be circulated).					
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Signature (Petition Entity Designated Agent)					

Mail or scan and email the signed form to:



Colorado Secretary of State 1700 Broadway, Suite 550 Denver, Colorado 80290 Phone: (303) 894-2200 Fax: (303) 869-4861 Email: ballot.access@coloradosos.gov