

# 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 Name

Current Name

Petition Entity Address

Street Address

Apt/Unit

City

State

Zip Code

Petition Entity Telephone & Email Address

Phone Number

Email Address

Petition Entity Designated Agent

First Name

Last Name

## Initiative Number(s)

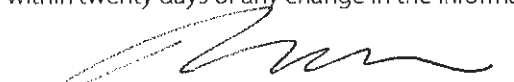
List the initiative/referendum number(s) to be circulated

Initiative/referendum number(s)

## 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).

  
\_\_\_\_\_  
Signature (Petition Entity Designated Agent)

\_\_\_\_\_  
Date

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](mailto:ballot.access@coloradosos.gov)