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.

Petition Entity Name		
Current Name		
Petition Entity Address		
treet Address		Apt/Unit
City	State	Zip Code
etition Entity Telephone & Email A	ddress	
'hone Number	Email Address	
etition Entity Designated Agent		
First Name	Last Name	

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

Signature

Applicant's Affirmation

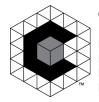
I affirm under penalty of perjury that the above information is true and complete and that I will notify the Colorado Secretary of State within twenty days of any change in the information submitted above (including any additional initiatives to be circulated).

D. Scott Martinez

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: <u>ballot.access@coloradosos.gov</u>