STATE OF MAINE
APPLICATION FOR PEOPLE’S VETO REFERENDUM

APPLICANT INFORMATION: (List the contact person for the people’s veto proponents.)

Name of Applicant: ____________________________________________________________
Mailing Address: _______________________________________________________________
Municipality of Residence: _____________________________________________________
Home Phone: ___________________ Work Phone: ______________________ FAX: ____________

I hereby invoke the people’s veto referendum process provided for by the Constitution of Maine, Article IV, Part Third and governed by Title 21-A M.R.S.A. Chapter 11. Attached is the official citation of and/or a copy of the Public Law, Chapter, Title, and year enacted, to be submitted to the people for veto.

_____________________________________ Subscribed and sworn before me on
Signature of Applicant

________________________________________________________
(Date)

________________________________________________________
(Signature of Notary Public or Agent of the Secretary of State)

________________________________________________________
(Print Name of Notary Public or Agent of the Secretary of State)

DESIGNATED VOTER INFORMATION: (List five voters, other than the applicant, to receive notices of proceedings.) Please list voter’s name, as it appears on the voting list, the mailing address, telephone number, (if published), the municipality of legal residence (where registered to vote), and voter’s signature.

1. _______________________________________ 2. _______________________________________
   Phone: ________________________________ Phone: _______________________________
   Municipality of Residence: ______________ Municipality of Residence: ______________
   Signature: ___________________________ Signature: _____________________________

3. _______________________________________ 4. _______________________________________
   Phone: ________________________________ Phone: _______________________________
   Municipality of Residence: ______________ Municipality of Residence: ______________
   Signature: ___________________________ Signature: _____________________________

5. _______________________________________ Phone: ________________________________
   Municipality of Residence: ______________
   Signature: _____________________________

(Rev. 1/99)