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**State of Maine**

**Petition to Require Agency Rulemaking**

#### DATE FILED

With Secretary of State

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| **Summary of proposed new or amended rule:**  |
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| **INSTRUCTIONS FOR CIRCULATION** |
| **Signers of the Petition MUST***:** **RESIDE in Maine and be REGISTERED TO VOTE**
* **sign name as it appears on the voting list**
* **Sign only once**
* **not sign another’s name**
* **print name; date of signing; street address & municipality of residence (unless printed by circulator)**

**NOTE:** **Registered voters physically unable to sign,** who have filed an alternative signature statement pursuant to 21-A M.R.S. §153-A, may direct another Maine registered voter to sign the petition in their presence. The authorized individual must sign her or his name, the assisted voter’s name, attest to signing on the voter’s behalf, and complete all information on both lines (for the voter and the assistant).  | **Petition Circulators MUST:*** **complete the circulator’s verification**
* **take the oath before a notary public prior to submission of petitions to registrar**
* **NOT collect signatures after taking oath**

***WARNING:* MAKING A FALSE STATEMENT BY THE CIRCULATOR, SIGNING A PETITION WITH THE NAME OF ANOTHER, OR SIGNING A NAME MORE THAN ONCE ON THESE PETITIONS IS A CLASS E CRIME.** |
| **THE FULL TEXT OF THE PROPOSED RULE must be attached to each circulated petition and must be printed in at least 12-point font. If the proposed rule is longer than one page, then the copy of the rule attached to the petition must be a two-sided copy.** **Individuals should not sign a petition if the full text of the proposed rule is not attached to it.** |

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| --- | --- | --- | --- | --- | --- |
| **For Registrar****use only** | Signature of Voter(Not Printed Name) | Printed Name of Voter(Not Signature) | **Date****Signed** | Actual Street Address(Not P.O. Box) | Municipality(Where Registered) |
| 1. |  |  |  |  |  |
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| 13. |  |  |  |  |  |
| 14. |  |  |  |  |  |
| 15. |  |  |  |  |  |
| **For Registrar****use only** | **Signature of Voter**(Not Printed Name) | **Printed Name of Voter**(Not Signature) | **Date****Signed** | **Actual Street Address**(Not P.O. Box) | **Municipality**(Where Registered) |
| 16. |  |  |  |  |  |
| 17. |  |  |  |  |  |
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| 35. |  |  |  |  |  |

**Circulator’s Oath**

#### I hereby make oath that I am the Circulator of this petition; that I personally witnessed all of the signatures to this petition; and, to the best of my knowledge and belief, each signature is that of the person whose name it purports to be. If any voter was unable to sign due to a physical disability, I hereby verify, that the voter authorized another voter to sign at the voter’s direction and in the voter’s presence.

#### *Signature of Circulator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name of Circulator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

#### *Signature of Notary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name of Notary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

### Subscribed to and sworn before me on this date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date my Notary Commission expires: \_\_\_\_\_\_\_\_\_\_

*(Date must be completed by Notary)*

#### Registrar’s Certification

Municipality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TOTAL VALID \_\_\_\_\_\_\_\_ TOTAL INVALID \_\_\_\_\_\_\_\_

**I hereby certify that the names of all the petitioners listed as valid appear on the voting list as registered voters in this municipality, in the electoral division named in the petition.**

**DATE & TIME PETITION RECEIVED:**

 *Signature of Registrar*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Date petition certified*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Rev. 05/2024)*