

State of Maine

Petition to Require Agency Rulemaking

DATE FILEDWith Secretary of State

Summary of proposed new or amended rule:						

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 <u>each</u> 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.

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.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
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.							
18.							
19.							
20.							
21.							
22.							
23.							
24.							
25.							
26.							
27.							
28.							
29.							
30.							
31.							
32.							
33.							
34.							
35.							
petition If any	n; and, to the best of my kno	owledge and belief, each sign ie to a physical disability, I h	that I pe	rsonally witnessed all of the sinat of the person whose name it rify, that the voter authorized a	t purports to be.		
Signatu	re of Circulator	Pri	nted Name	e of Circulator			
Signatu	re of Notary	Prin	nted Name	of Notary			
Subscrib	ped to and sworn before me on thi	is date:(Date must be completed by I	Notary)	Date my Notary Commission expires:			
		Registrar's Cer	tification	1			
Municip	pality	TOTAL VALID)	TOTAL INVALID			
-	y certify that the names of all pality, in the electoral division	-	pear on th	e voting list as registered voters in	this		
DATE	& TIME PETITION RECEIVED:	Signature of Registrar:					
	Date petition certified:						

(Rev. 05/2024)