

Petition Training Acknowledgement Form

Contact Information (please print):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (mobile): _____ Phone (home): _____

Email: _____

I certify that I have been trained on, and will abide by, the proper legal procedures and rules for collecting signatures on the initiative petition to put SQ 832 on the ballot. I further state that I am at least 18 years old, I will never willfully destroy a petition or any part of a petition, and I will never detach the signature sheet from the remainder of the petition or allow anyone to sign a detached signature page.

Signature

Date

Signature of Trainer

Date