For Registrar Use Only	Signature	Date Signed	Actual Address (Not P.O.Box)	PRINTED NAME
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Count:	Valid: Invalid:	I hearby make oath that I am the Circulator of this petition; that I personally, witnessed all of the signatures on the petition; and to the best of my knowledge and belief, each signature is that of the person whose name it purports to be.		
Received:		Signature of Circulator:		
Certified:		Date		
Registrar:		Address:		

## Shall an ordinance entitled "

We, the undersigned residents and registered voters of The Town of Town the following question:

## Town of

To:

## Petition for: Local Food and Community Self-Governance Ordinance (LFCSGO)

petition the Select Board to put before the residents of the

County, Maine

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" be