

Petition for Creation of a City Through Consolidation

Petition ID _____

! Do not sign this petition more than once. Do not sign if map is not attached to this sheet.

This is a petition for the consolidation of cities. Signers of this page must be active registered voters in the following:

City only: _____ County only: _____ Unincorporated area: _____

Name of City or Cities and Description of the Boundaries of Unincorporated Areas Proposed for Consolidation

To the Governing Bodies of the Cities of _____,

We, the undersigned voters, of the area(s) proposed to be consolidated petition to form the city named below. A permanent rate limit for operating taxes of \$ _____ per thousand dollars of assessed value is proposed. A description is attached to this petition describing the proposed boundaries of the consolidated city.

Name of Proposed City

Signature	Date Signed mm/dd/yy	Print Name	Residence Address street, city, zip code
1			
2			
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Circulator Certification This certification **must** be signed by the circulator!

I hereby certify that I witnessed the signing of the signature sheet by each individual whose signature appears on the signature sheet, and I believe each person is an elector in the area(s) proposed for consolidation (ORS 222.220).

Circulator Signature **Date Signed** mm/dd/yy

Printed Name of Circulator **Circulator's Address** street, city, zip code

Sheet Number