

PETITION FOR REFERENDUM

We, the undersigned, registered and duly qualified voters residing within the City of Quincy, County of Adams, State of Illinois, pursuant to 10 ILCS 5/28-1, et seq., of the Illinois Election Code, do hereby petition that the following advisory question of public policy be placed on the ballot for submission to the voters of the City of Quincy for their approval or disapproval, by referendum, at the next regular election to be held at the April 1, 2025 consolidated election.

Shall the City of Quincy enact the proposed Rental Registration, Licensing, and Inspection Program Ordinance for residential rental property located within the City of Quincy to require registration, regularly scheduled inspections, and subsequent licensing of said residential rental property to remedy non code compliant residential rental properties? Yes No

Voter's Signature	Printed Name	Residence Address House # and Street or RR# (No P.O. Box)	City, County, State
1.			Quincy, Adams, IL
2.			Quincy, Adams, IL
3.			Quincy, Adams, IL
4.			Quincy, Adams, IL
5.			Quincy, Adams, IL
6.			Quincy, Adams, IL
7.			Quincy, Adams, IL
8.			Quincy, Adams, IL
9.			Quincy, Adams, IL
10.			Quincy, Adams, IL

Circulator's Affidavit

State of Illinois)
) ss.
County of _____)

I, _____ (Circulator's Name), being first duly sworn, do hereby certify that I reside at _____ (Residence Address), in the City/Town/Village (circle one) of _____.

Zip Code _____ County of _____, State of _____, that I am 18 years of age or older (or 17 years of age and qualified to vote in Illinois), that I am a citizen of the United States, and that the signatures on this sheet were signed in my presence, and are genuine, and that to the best of my knowledge and belief the persons so signing were, at the time of signing the petitions, duly registered and qualified voters of the City of Quincy, County of Adams, Illinois, and that their respective residence addresses are correctly stated, as set forth above.

Signature of Circulator

Signed and sworn to (or affirmed) by _____ before me this _____ day of _____, 20____.
(Circulator's Name) (Day) (Month)

(seal)

Signature of Notary

Sheet No. _____