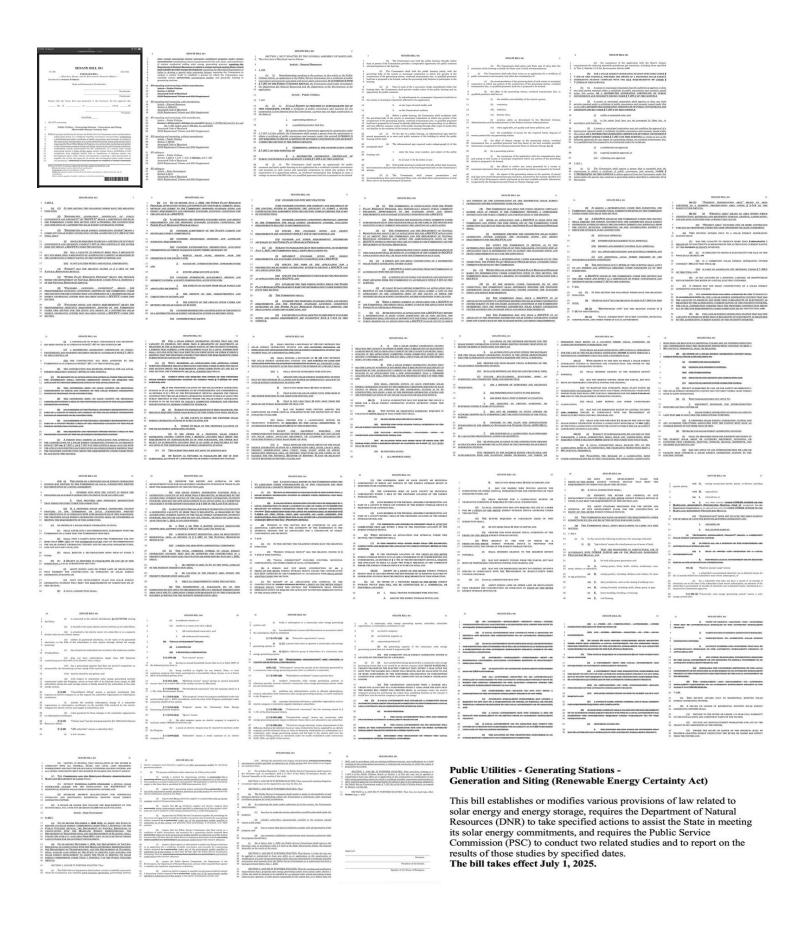
State of Maryland - Statewide Referendum Petition

□er	ate Bm 931		Public Utilities - 0	Generating Stations - Generation and Siting (Renewable Energy Certainty					
(Bill Number) (6111 Title)									
Fo	ſ	Cou	nty or D Baltimore				nd print your name		
bill Ma	identified	above to a vote of	reby petition to refer the registered voter tion at the next ger	full given name AND the initial of any other names. Please print or type all information other than your					
"pro pro the froi	oposal") d ge, a fair visions of full text of n the petit	oes not appear on t and accurate sum the proposal must the proposal must ion circulator.	of the bill referred he back of this signa mary of the substar appear on the back, be immediately avail	accepte that the ballot a election are reg have yo	that the bill identified above should be placed on the ballot as a referendum question at the next general election and that, to the best of your knowledge, you are registered to vote in Maryland and are eligible to have your signature counted for this petition. SBE 6-201-IC (Rev 3-2012)				
Please Note: The information you provide on this petition is public information and may be used to change your voter registration address									
	Print Name:	First Name	Middle Name	Last Name	Birth Date.	Month	Date	Year	
4					Data	Month	Date	Year	
1	Signature:				Date of Signature:				
	Maryland	Street Number	Street Name		Apt. No.	City or Town		Zip	
	Residence Address:								
2	Print Name:	First Name	Middle Name	Last Name	Birth Date:	Month	Date	Year	
	Signature:				Date of Signature:	Month	Date	Year	
	Maryland Residence Address:	Street Number	Street Name		Apt. No.	City or Town		Zip	
3	Print Name:	First Name	Middle Name	Last Name	Birth Date:	Month	Date	Year	
	Signature:				Date of Signature:	Month	Date	Year	
	Maryland Residence Address:	Street Number	Street Name		Apt. No.	City or Town		Zip	
	Print Name:	First Name	Middle Name	Last Name	Birth Date:		Date	Year	
4	Signature:				Date of Signature:	Month	Date	Year	
	Maryland Residence Address:	Street Number	Street Name		Apt. No.	City or Town		Zip	
5	Print Name:	First Name	Middle Name	Last Name	Birth Date:	Month	Date	Year	
	Signature:				Date of Signature:	Month	Date	Year	
	Maryland Residence Address:	Street Number	Street Name		Apt. No.	City or Town		Zip	
Individual Circulator's printed or typed name				Circulator's Affidavit Under penalties of perjury, 1 swear (or affirm) that: (a) I was at least 18 years old when each signature was obtained; (b) the information given to the left identifying me Is true and correct; (c) 1 personally observed each signer as he or she signed this page; and (d) to the best of my knowledge and belief: (i) all signatures on this page are genuine; and (ii) all signers are registered voters of Maryland.					
Residence Address									
City			State Zip	(Sign and Date	when signature o	collection is com	pleted)	o oi waryland.	
Telephone (including area code)				Circulator's Sign	ature		Date	(mm/dd/yy)	



SB-0931 link: