TOWN OF SUDBURY FORM OF PETITION – SPECIAL TOWN MEETING ARTICLE

INSTRUCTIONS

SIGNATURE REQUIREMENTS: Annual Town Meeting: <u>10</u> valid signatures

Special Town Meeting: <u>100</u> valid signatures <u>Once already called</u>

Special Town Meeting: <u>200</u> valid signatures <u>Required to call</u> ("Petition for a Special Town Meeting" must be obtained)

NOTE: 1. Before obtaining signatures, submit a draft to the Selectmen's office for Town Counsel review. Email to <u>sbadmin@sudbury.ma.us</u> or provide hard copy to Select Board's Office, 278 Old Sudbury Road, Sudbury.

2. The signatures must be certified by the Board of Registrars after submission to the Selectmen. In case any signatures must be rejected, it is suggested that you obtain more than the minimum stated above in order to have the required number certified.

3. All signatures must appear on a page containing the article wording.

4. A report, briefly explaining the intent and scope of the article, must be attached and will be printed in the Warrant.

5. Return signed original petition forms to Select Board's Office, 278 Old Sudbury Road, Sudbury.

TO: Select Board, Sudbury, MA 01776

We, the undersigned, being registered voters of the Town of Sudbury, hereby petition that the following article be included in the Warrant for the ______, Annual or Special Town Meeting

(DATE)

To see if the Town will vote to

Additional space for petition language on Page 3, if needed.

or act on anything relative thereto.

SIGNATURES to be made in person with name substantially as registered

Signature	Printed Name	Address Where Registered
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ATTENTION VOTERS: Please see petition text on front of this form.

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PLEASE DO NOT WRITE IN THE SPACE BELOW THIS LINE

Certification of Names

N-No such registered voter at this address or address is illegible

S-Unable to identify signature as that of a voter because of form of signature or signature is illegible

T-Already signed papers for this petition

Above signatures checked thus ✓ are the names of qualified Sudbury voters

(Date Certified)

We certify that

(# of names certified – use words and numbers)

(Optional) To see if the Town will vote to CONTINUED

(Optional) To see if the Town will vote to CONTINUED