**Initiative Petition Information Sheet**

Title of Petition:

Petition Number: *(to be filled in by Attorney General’s Office staff)*

**Proponents’ Contact**

Name:

Residential Address:

Phone:

Email:

Business Address:

Phone:

**Proponents’ Attorney**

Name:

Address:

Phone:

Email:

**Optional:**

Will the proponents propose a summary by the Monday 5 days after the petition-filing deadline?

\_\_\_Yes \_\_\_No

Will the proponents submit a memo of law by the Friday 9 days after the petition-filing deadline?

\_\_\_Yes \_\_\_No

Please note that the above information will be made available to the public and particularly to possible opponents of certification. The Proponent and Proponents’ Attorney (if any) will receive copies of any materials submitted by the public regarding certification.

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Date:**