

CONSTITUTIONAL AMENDMENT INITIATIVE PETITION FORM
FOR PERSONAL USE ONLY (s. 100.371, F.S.)



Petition Number _____

Date Received _____



BALLOT TITLE: _____

Ballot Summary:

Financial Impact Statement:

Sponsor:

Address:

Voter's Information and Attestation

Name - Last _____ First _____ Middle _____

Address of Legal Residence _____

City _____ Zip _____ County _____

Registration No. or Date of Birth / /

Florida DL/ID No. or SSN

I am a registered Florida voter, and I am petitioning the Secretary of State to place the proposed amendment on the ballot.

Signature _____ Date Signed / /

For Personal Use

This form is for PERSONAL USE only. Unless registered as a petition circulator, it is a third degree felony to collect, deliver, or otherwise physically possess more than 25 signed petition forms in addition to your own or those of immediate family members.

Forms for petition circulators can be obtained from the Division's Petition Circulator website.

Visit <https://initiativepetitions.dos.fl.gov> for more information.

Notices

- This form becomes a public record once filed with the Supervisor of Elections.
- It is a first degree misdemeanor to knowingly sign the same petition more than once. [§104.185, F.S.]
- The form will not be validated if all of the requested information is not completed.

CONSTITUTIONAL AMENDMENT FULL TEXT

Ballot Title:

Ballot Summary:

Article and Section Being Created or Amended:

Full Text of the Proposed Amendment:

TEMPLATE ONLY