

SIGNATURE VERIFICATION FORM *for Arguments & Rebuttals**

Date of Election: ____/____/____

Check one of the following

Date Filed: ____/____/____

- Argument in Favor of Measure ____ Argument Against Measure ____
 Rebuttal to Argument in Favor of Measure ____ Rebuttal to Argument Against Measure ____

Filer's Information:

Filer's Printed Name: _____ Address: _____

Phone: _____ Email: _____

1) Signer's Signature: _____ Printed Name: _____

Title (if applicable): _____ Representing (if applicable): _____

Residence Address _____ City _____

2) Signer's Signature: _____ Printed Name: _____

Title (if applicable): _____ Representing (if applicable): _____

Residence Address _____ City _____

3) Signer's Signature: _____ Printed Name: _____

Title (if applicable): _____ Representing (if applicable): _____

Residence Address _____ City _____

4) Signer's Signature: _____ Printed Name: _____

Title (if applicable): _____ Representing (if applicable): _____

Residence Address _____ City _____

5) Signer's Signature: _____ Printed Name: _____

Title (if applicable): _____ Representing (if applicable): _____

Residence Address _____ City _____

***Signers must sign both the argument and/or rebuttal *and* this *Signature Verification Form*. The signers listed above understand that their names will be printed with the measure argument and/or rebuttal in the *Voter Information Pamphlet* and that the argument and/or rebuttal is accurate to the best of their knowledge.**

SIGNATURE RELEASE FORM *(for Rebuttal Arguments only)*

I, _____ authorize the following person(s) to sign the following:
(print name of FILER)

REBUTTAL TO ARGUMENT IN FAVOR OF MEASURE _____

REBUTTAL TO ARGUMENT AGAINST MEASURE _____

1) _____ to sign instead of _____
(Print Name of New Signer) (Print Name of Original Signer)

2) _____ to sign instead of _____
(Print Name of New Signer) (Print Name of Original Signer)

3) _____ to sign instead of _____
(Print Name of New Signer) (Print Name of Original Signer)

4) _____ to sign instead of _____
(Print Name of New Signer) (Print Name of Original Signer)

5) _____ to sign instead of _____
(Print Name of New Signer) (Print Name of Original Signer)

Signature of original FILER: _____ **Date:** _____

The Signature Verification Form must be filed with this form and the rebuttal argument.