

# Petition for Submission of the Question of Organizing a Municipality Under a Specific Plan

To be filed with the Board of Elections.  
R.C. 705.01, 705.02, 3501.38

To the Board of Elections of \_\_\_\_\_ County, Ohio:

We, the undersigned, qualified electors of \_\_\_\_\_ of  
(City or Village)

\_\_\_\_\_, Ohio, respectfully ask that the question of organizing said municipality under the \_\_\_\_\_ plan of government, as provided in  
("Commission," "City Manager," or "Federal") sections 705.41 to 705.86 of the Revised Code, be submitted to the electors thereof.

**Signatures on this petition must be from only one county and must be written in ink.**

	Signature	Voting Residence, Street Number and Address	City, Village or Township	County	Date of Signing
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					

	Signature	Voting Residence, Street Number and Address	City, Village or Township	County	Date of Signing
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					
31.					
32.					
33.					
34.					
35.					
36.					
37.					
38.					
39.					
40.					
41.					
42.					

**Circulator Statement**

*Must be completed and signed by the circulator.*

I, \_\_\_\_\_, declare under penalty of election falsification that I reside at the address  
Printed Name of Circulator  
 appearing below my signature; that I am the circulator of the foregoing petition containing \_\_\_\_\_ signatures;  
Number  
 that I witnessed the affixing of every signature; that all signers were to the best of my knowledge and belief  
 qualified to sign; and that every signature is to the best of my knowledge and belief the signature of the person  
 whose signature it purports to be or of an attorney in fact acting pursuant to section 3501.382 of the Revised Code.

**WHOEVER COMMITS ELECTION  
 FALSIFICATION IS GUILTY OF A  
 FELONY OF THE FIFTH DEGREE**

\_\_\_\_\_  
**Signature of Circulator**

\_\_\_\_\_  
 Permanent Residence Address

\_\_\_\_\_  
 City or Village      State      Zip Code