

# DIRECTIONS FOR USE

## PLEASE READ BEFORE PRINTING AND CIRCULATING!

1. The following two pages MUST be printed front AND back. If not, the affected sheets will be disqualified.
2. Email and last four of SSN are optional and not required
3. All signers must be registered Chesapeake Voters.
4. All circulators must be at least qualified to register to vote in Chesapeake
5. The circulator MUST NOT SIGN on their own petition.
6. The circulator MUST NOT SIGN the affidavit as a circulator/witness unless a notary is present. The signature and notarization must happen prior to submittal.
7. Each sheet can be submitted individually to the clerk of court's office at any time during business hours.
8. Petition forms do NOT need to be full to be submitted. For example, if only one person signs your petition, this can still be submitted provided the circulator has signed under witness of a notary.
9. If you are submitting a petition to the clerk, please let us know via email ([chesapeaketermlimits@gmail.com](mailto:chesapeaketermlimits@gmail.com)), a facebook message, or phone call 757-204-5496.
10. Please call 757-204-5496 with any questions
11. If needed, we can provide a notary for you, please call or email us.

We the qualified voters of Chesapeake, Virginia signed hereunder or on the reverse side of this page do hereby petition the Chesapeake Circuit Court, pursuant to the Code of Virginia and the City Charter, to include the below stated question on the May 1, 2018 election ballot.

**CITY OF CHESAPEAKE, VIRGINIA  
PETITION OF QUALIFIED  
VOTERS FOR REFERENDUM**

**Do You Support the Establishment of Term Limits on All Locally Elected Officials?**

All signatures required by law need not be on the same page of the petition. Numerous pages may be circulated. The circulator of each page must be a person who is her/himself a registered voter, or qualified to register to vote in Chesapeake, VA who is not a minor nor a felon whose voting rights have not been restored. The circulator also must swear or affirm in the affidavit that s/he personally witnessed the signature of each voter.

OFFICE USE ONLY	#	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	RESIDENT ADDRESS <sup>1</sup> AND EMAIL <sup>2</sup>	DATE SIGNED	LAST 4 OF SSN
	1	SIGN	RESIDENCE		
		PRINT	EMAIL		
	2	SIGN	RESIDENCE		
		PRINT	EMAIL		
	3	SIGN	RESIDENCE		
		PRINT	EMAIL		
	4	SIGN	RESIDENCE		
		PRINT	EMAIL		
	5	SIGN	RESIDENCE		
		PRINT	EMAIL		
	6	SIGN	RESIDENCE		
		PRINT	EMAIL		
	7	SIGN	RESIDENCE		
		PRINT	EMAIL		
	8	SIGN	RESIDENCE		
		PRINT	EMAIL		

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON BOTH SIDES OF THE FORM  
COMMONWEALTH OF VIRGINIA

**-AFFIDAVIT-**

I, \_\_\_\_\_, swear or affirm that (i) my full residential Address is \_\_\_\_\_;  
And, if different, my mailing address is \_\_\_\_\_;  
(ii) if applicable, I represent \_\_\_\_\_ organization in support of the referendum;  
(iii) I am a legal resident of the United States of America in the Commonwealth of Virginia;  
(iv) I am not a minor nor a felon whose voting rights have not been restored; and (v) I personally witnessed the signature of each person who signed this page or its reverse side. I understand that falsely signing the affidavit is a felony punishable by a maximum fine up to \$2500 and/or imprisonment for up to ten years.

**NOTARY SIGNS THE AFFIDAVIT ON THE REVERSE SIDE**

\_\_\_\_\_  
Signature of Person Circulating the Petition

\_\_\_\_\_  
Circulator's Driver's License Number  
If Applicable

\_\_\_\_\_  
State that Issued the Circulator's  
Driver's License

\_\_\_\_\_  
Circulator's Last 4 of SSN

**Privacy Notice:** The Code of Virginia authorizes requesting the last four digits of your social security number to facilitate checking this petition with the official voter registration record. You are not required to provide this information and may sign the petition without doing so. The State Board of Elections or the General Registrar, when copying this document for public inspection, must cover the column containing any social security number or part hereon.

1. All resident addresses will be located in Chesapeake, Virginia.
2. Emails are not required on this petition.

**CIRCULATOR:** MUST SWEAR OR AFFIRM IN THE AFFIDAVIT ON BOTH SIDES OF THIS FORM THAT S/HE IS A REGISTERED VOTER OR QUALIFIED TO REGISTER TO VOTE IN THE CITY OF CHEAPEAKE, VA, NOT A MINOR NOR A FELOS WHOSE VOTING RIGHTS HAVE NOT BEEN RESOTRED AND THAT S/HE PERSONNALY WITNESSED EACH SIGNATURE.

**SIGNER:** YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN AND DOES NOT SIGNIFY AN INTENT TO VOTE FOR THE REFERENDUM.

OFFICE USE ONLY	#	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	RESIDENT ADDRESS <sup>1</sup> AND EMAIL <sup>2</sup>	DATE SIGNED	LAST 4 OF SSN
	9	SIGN	RESIDENCE		
		PRINT	EMAIL		
	10	SIGN	RESIDENCE		
		PRINT	EMAIL		
	11	SIGN	RESIDENCE		
		PRINT	EMAIL		
	12	SIGN	RESIDENCE		
		PRINT	EMAIL		
	13	SIGN	RESIDENCE		
		PRINT	EMAIL		
	14	SIGN	RESIDENCE		
		PRINT	EMAIL		

**-AFFIDAVIT-**

I, \_\_\_\_\_, swear or affirm that (i) my full residential Address is \_\_\_\_\_;  
 And, if different, my mailing address is \_\_\_\_\_;  
 (ii) if applicable, I represent \_\_\_\_\_ organization in support of the referendum;  
 (iii) I am a legal resident of the United States of America in the Commonwealth of Virginia;  
 (iv) I am not a minor nor a felon whose voting rights have not been restored; and (v) I personally witnessed the signature of each person who signed this page or its reverse side. I understand that falsely signing the affidavit is a felony punishable by a maximum fine up to \$2500 and/or imprisonment for up to ten years.

\_\_\_\_\_  
 Signature of Person Circulating the Petition

\_\_\_\_\_  
 Circulator's Driver's License Number  
 If Applicable

\_\_\_\_\_  
 State that Issued the Circulator's  
 Driver's License

\_\_\_\_\_  
 Circulator's Last 4 of SSN

PLACE PHOTOGRAPHICALLY  
 REPRODUCIBLE NOTARY  
 SEAL/STAMP BELOW

State of \_\_\_\_\_ City of \_\_\_\_\_  
 The foregoing instrument was subscribed and sworn before me this  
 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by

\_\_\_\_\_  
 PRINT NAME OF PERSON CIRCULATING THE PETITION

\_\_\_\_\_  
 SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS

\_\_\_\_\_  
 NOTARY REGISTRATION NUMBER\*\*

\_\_\_\_\_  
 DATE NOTARY COMMISSION EXPIRES\*\*

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- Emails are not required on this petition