CITY OF SAINT PAUL INITIATIVE PETITION

We, the undersi	gned registered voters in	the City of Saint Paul h	nereby petition the Saint Paul C	City Council to enact an ordinance ir	the Municipal Code,	as follows.	
"I swear (or affir	m) that I know the conten	ts and purpose of this	SIGNER'S OAT petition and that I signed the pe	H etition only once and of my own free	e will."		
All informa	ation must be filled in by the pe	rson(s) signing the petition	unless disability prevents the person	(s) from doing so. All information on this pe	etition is subject to public in	nspection.	
DATE	SIGNATURE	YEAR OF BIRTH	NAME	ADDRES	s	WARD	PRECINCT
1							
2							
3 4							
5							
6							
7							
				_			
9. 10.							-
			AFFIDAVIT OF PETITION C	IRCULATOR		<u> </u>	
State of Minnesota County of Ramsey							
I,(Nar signed this petition.	ne of Circulator)	_, swear (or affirm) that I am a r	resident of the City of Saint Paul and that ea	ach signature on this petition was affixed in my pr	resence by the person purporti	ing to have	
Signed(Sign	ature of Circulator)	-		Subscribed and sworn to me this	day of	, 202	
Page of	_			Notary Public (or other officer authorize	ed to administer oaths)		