



APPLICATION FOR PROPOSED REFERENDUM

I, (name) _____ am a legal registered voter or an organization of legal voters, (name of organization) _____, all of whom are legal registered voters in Whatcom County.

I or we herewith submit a proposed Referendum Petition attached on Ordinance # _____. This referendum petition proposal is being submitted to the Auditor within 45 days after the County Council adopted the ordinance.

This proposal seeks to repeal enacted ordinance # _____

This proposal seeks to repeal a portion of ordinance # _____

As described here: _____

I request that Whatcom County Auditor assign the proposed referendum measure a number and transmit a copy to Whatcom County Prosecuting Attorney.

Proponent Contact Information

Name

Physical Address

Mailing Address

Phone

Email Address

X _____
Signature of Proponent

Date Signed

Attorney Information (if applicable)

Name _____

Phone _____