



DATE and TIME this paper received by Registrars	PETITION SPONSOR INFORMATION Contact Person _____ Address _____ Phone _____ Email _____
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Annual Town Meeting (date) _____
(10 signatures required)

Special Town Meeting (date) _____
(100 signatures required)

Calling Special Town Meeting _____
(200 signatures required)

To see if the Town will vote to

[illegible]

(See attached page/s for remaining text if more space needed)

SIGNER'S STATEMENT

We, the undersigned, are qualified voters of the Town of _____, and in accordance with the provisions of law, request a special town meeting for the purposes above.

- Z** If you HAVE moved since January 1 of this year, must must
- complete columns I, II and III.

CHECK	I SIGNATURES to be made in person with name substantially as registered.	II NOW LIVING AT (Street & Number, if any)	III RESIDENCE ON JANUARY 1, 20____, if different (Street & Number, if any)(City or Town)
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ATTENTION REGISTRARS: Before certifying signatures, see Instructions to Registrars on reverse side of this paper

ATTENTION VOTERS: Before signing, read signer information on other side.

ATTENTION REGISTRARS: Before certifying signatures, see Instructions to Registrars, below.

Town of UXBRIDGE

Check	I SIGNATURES to be made in person with name substantiall as registered	II NOW LIVING AT (Street & number, if any	III RESIDENCE ON JANUARY 1, 20___.If different (Street & number,if any)(City or town)
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Registrars of Voters check ✓

against the name of each qualified voters to be certified

For names not certified, use the code opposite:

N - no such registered voter at that address.

S - unable to identify signature or address as that of voter because of form of signature or address, or illegible.

T - signed too many peitions.

CERTIFICATION OF SIGNATURES

We certify that the _____ above signatures checked (number of names certified)

thus ✓ are names of qualified voters of this town.

Town

Registrars of Voters