

VOTER ASSISTANCE DECLARATION

***Note: Assistance may not be given by the Circulator**

1. On _____ [DATE],

I signed the petition in support of the Voters' Right to Know Amendment on behalf of _____, in his or her presence and at his or her specific request. He or she is incapable of signing his or her own name or printing his or her own name and address because of the following physical infirmity:

_____.

2. _____

[NAME OF VOTER ON WHOSE BEHALF YOU SIGNED] lives at

_____ [ADDRESS]

and can be reached at _____ [PHONE]

or _____

[SECOND PHONE OR EMAIL, IF AVAILABLE].

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____ [DATE].

[SIGN YOUR NAME]

[PRINT YOUR NAME]

[PRINT YOUR PHONE NUMBER]

Serial number of signature sheet: _____