PETITION FOR REFERENDUM - CITY OF SPRINGFIELD

We, the undersigned, being duly qualified and registered voters of the **City of Springfield**, in the County of Sangamon and State of Illinois, equaling in number to at least 8% of the total vote cast for the candidates for Governor in the preceding Gubernatorial Election by the registered voters in the City of Springfield, who have affixed our signatures in our own proper persons to the Petition, do hereby petition, pursuant to Article 28 of the Illinois Election Code, that the following advisory question of public policy be placed on the ballot and submitted to the voters of the City of Springfield for their consideration, by referendum, in the manner provided by law, at the next regular election to be held not less than 92 days after the filing of this petition:

SHALL THE CITY OF SPRINGFIELD ADOPT A LANDLORD REGISTRY, INSPECTION, AND LICENSING PROGRAM SIMILAR				
TO OTHER ILLINOIS CITIES?			NO	
SIGNATURE OF QUALIFIED VOTER	PRINTED NAME OF QUALIFIED VOTER	OF OLIVE IEED VOTED		CITY, COUNTY, STATE
1.				Springfield, Sangamon, Illinois
2.				Springfield, Sangamon, Illinois
3.				Springfield, Sangamon, Illinois
4.				Springfield, Sangamon, Illinois
5.				Springfield, Sangamon, Illinois
6.				Springfield, Sangamon, Illinois
7.				Springfield, Sangamon, Illinois
8.				Springfield, Sangamon, Illinois
9.				Springfield, Sangamon, Illinois
10.				Springfield, Sangamon, Illinois
STATE OF ILLINOIS) COUNTY OF SANGAMON) SS				
I,	, being first duly sworn, do hereby	certify that I reside at		,
in the City/Village/Town/Unincorporated and the State of Illinois; that I am 18 year signed in my presence and are genuine, ar said Petition, qualified electors and register respective residences are correctly stated, a	es of age or older; that I am a citize of that to the best of my knowledge red voters of the City of Springfic	en of the United States; and belief the persons so	nd that the signatures on signing were, at the time	this sheet were e of the signing
Signed and sworn to (or affirmed) by	(Circulator's Signature), (Print Name of Circulator)			
before me, a Notary Public, on		, 202 (Date).		
(Signature of Notary Public)	SHEET NO.		(SEAL)	