

Petition Registration Form

Office Use Only:

License #: _____

Date Issued: _____

A licensed petition entity must complete this form prior to circulating any initiative petition. Complete, sign, and return this form with the required attachment to the Colorado Secretary of State.

Please type or print.

Registration Type

Please select one of the following:

New Registration

Amend Current Registration

Contact Information

Petition Entity Name

Current Name

Petition Entity Address

Street Address

Apt/Unit

City

State

Zip Code

Petition Entity Telephone & Email Address

Phone Number

Email Address

Petition Entity Designated Agent

First Name

Last Name

Initiative Number(s)

List the initiative number(s) to be circulated

Initiative number(s)

Attachments

The following must be attached to this application

Provide a copy of the ballot title of each proposed measure for which a petition will be circulated

Signature

Applicant's Affirmation

I affirm under penalty of perjury that the above information is true and complete and that I will notify the Colorado Secretary of State within twenty days of any change in the information submitted above (including any additional initiatives to be circulated).

Signature (Petition Entity Designated Agent)

Date

Mail, fax, or scan and email the signed form to:



Colorado Secretary of State
1700 Broadway, Suite 200
Denver, Colorado 80290
Phone: (303) 894-2200
Fax: (303) 869-4861
Email: initiatives@sos.state.co.us