<b>CONSTITUTIONAL AMENDMENT INITIATIVE PETITION FORM – VOLUNTEER</b>	
Amendment Information	
Ballot Title:	Require voter and legislative approval to dissolve a county, municipality, district, government department or agency.
Ballot Summary:	Require the approval by a two-thirds (2/3) vote of the Florida Senate and the Florida House of Representatives and the signature of the Governor of Florida, in addition to the voters of the county or counties within which a county, municipality, district, government department or government agency has been established, for it to be dissolved or have its powers, functions or territorial boundaries modified.
See separate document for the full text of the proposed constitutional amendment.	
Date Approved	<u>03/17/2023</u> Serial Number <u>2302</u>
-	<b>ponsor's Information</b> (Return all completed petition forms to the address below.) Defenders
Address: Post Offi	ice Box 541472 Opa-locka, FL 33054-1462
Voter's Information	
I am a registered voter of Florida and hereby petition the Secretary of State to place the above proposed amendment to the Florida Constitution on the ballot in the general election.	
Name - Last	First Middle
Address	
City	Zip County
Update my voter reg	gistration record to this address. (check box)
Registration No.	or         Date of Birth         M         M         /         D         D         /         Y         Y         Y
Signature	Date Signed M M / D D / Y Y Y
	Petition Circulator's Information
This Petition form is only to be collected by a volunteer or directly by the voter him or herself.	
A paid petition circulator must use the DS-DE 155B version of the form. Forms for paid petition circulators can be obtained from the Division's Paid Petition Circulator website.	
Visit https://dos.elections.myflorida.com/InitiativePetitions/ for more information.	
Attention	
<ul> <li>This form becomes a public record once filed with the Supervisor of Elections.</li> <li>It is a first degree misdemeanor to knowingly sign the same petition more than once. [§104.185, F.S.]</li> <li>An improperly completed form will not be validated.</li> </ul>	
DS-DE 155A (10-2021	1) R1S-2.009, Fla. Admin. Code