CONSTITUTIONAL AMENDMENT INITIATIVE PETITION FORM - VOLUNTEER

Amendment Information

Ballot Title: Allowing all voters to electronically sign petitions

Ballot Summary: Require the Florida Division of Elections to use the same verification system used to allow

eligible voters to register to vote online, to verify their identity online for the purpose of electronically signing any petition to amend Florida's Constitution or to qualify a candidate or

issue for the election ballot.

•	te document for the full text o	• •		
Sponsor's Information (Return all completed petition forms to the address below.) Name: Team FL Address: Post Office Box 541462 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				
	First			
City	Zipstration record to this address. (che			
Registration No.		or Date of Birtl	n M M / D D /	YYYY
Signature		Date Signed	M M / D D /	Y Y Y Y
	Petition Circ	culator's Informatio	n	

Attention

A paid petition circulator must use the DS-DE 155B version of the form. Forms for paid petition circulators can be

• This form becomes a public record once filed with the Supervisor of Elections.

Visit https://dos.elections.myflorida.com/InitiativePetitions/ for more information.

• It is a first degree misdemeanor to knowingly sign the same petition more than once. [§104.185, F.S.]

This Petition form is only to be collected by a volunteer or directly by the voter him or herself.

• An improperly completed form will not be validated.

obtained from the Division's Paid Petition Circulator website.

DS-DE 155A (10-2021)

R1S-2.009, Fla. Admin. Code