

Petition for Incorporation of [] as a Municipal Corporation in

NOTICE TO SIGNERS: You must 1) be registered to vote in the County listed above and 2) reside in the area listed above.

Sign and print your name (1) as it appears on the voter registration list, OR (2) your surname of registration AND at least one full given name AND the initial of any other names. Please print or type all information other than your signature. Post Office Box addresses are not generally accepted as valid. By signing this petition, you agree that the area listed above should be incorporated as a municipality in Maryland and that, to the best of your knowledge, you are registered to vote in Maryland in the county listed above and are eligible to have your signature counted for this petition.

Please Note: (1) The information you provide on this petition is public information and may be used to change your voter registration address.
 (2) Your need to provide real property information depends on how the community will meet the numeric signature requirement. Ask your circulator for instructions. See Maryland Code, Local Gov't Art. § 4-204.

We, the undersigned voters of the county listed above, propose and express our interest in the incorporation of the area listed above, as follows:

1. **Boundaries of area proposed to be incorporated:[in accordance with the attached]**
2. **Name chosen for the new municipal corporation:[name cannot be the same as that used by any existing municipal corporation or county in the State]**
3. **Names of individuals who will initially represent the organizing community on the organizing committee:**

Please Note: The information you provide on this petition is public information and may be used to change your voter registration address.

	Print Name:	First Name	Middle Name	Last Name	Birth Date:	Month	Date	Year
1	Signature:				Date of Signature:	Month	Date	Year
	Maryland Residence Address:	Street Number	Street Name	Apt. No.	City or Town	Zip		
	Print Name:	First Name	Middle Name	Last Name	Birth Date:	Month	Date	Year
2	Signature:				Date of Signature:	Month	Date	Year
	Maryland Residence Address:	Street Number	Street Name	Apt. No.	City or Town	Zip		
	Print Name:	First Name	Middle Name	Last Name	Birth Date:	Month	Date	Year
3	Signature:				Date of Signature:	Month	Date	Year
	Maryland Residence Address:	Street Number	Street Name	Apt. No.	City or Town	Zip		
	Print Name:	First Name	Middle Name	Last Name	Birth Date:	Month	Date	Year
4	Signature:				Date of Signature:	Month	Date	Year
	Maryland Residence Address:	Street Number	Street Name	Apt. No.	City or Town	Zip		
	Print Name:	First Name	Middle Name	Last Name	Birth Date:	Month	Date	Year
5	Signature:				Date of Signature:	Month	Date	Year
	Maryland Residence Address:	Street Number	Street Name	Apt. No.	City or Town	Zip		

Circulators printed name: _____
 Residence Address: _____
 City/State/Zip: _____
 Telephone: (____) _____

Circulator's Affidavit Under penalties of perjury, I swear (or affirm) that: (a) I was at least 18 years old when each signature was obtained; (b) the information given to the left identifying me is true and correct; (c) I personally observed each signer as he or she signed this page; and (d) to the best of my knowledge and belief: (i) all signatures on this page are genuine; and (ii) all signers are registered voters of Maryland. (Sign and Date when signature collection is completed)

 Circulator's Signature Date (mm/dd/yy)