

Petition Intake Cover Sheet

Please return this cover sheet along with all completed petitions

YOUR name	
YOUR phone number	
YOUR e-mail address	
YOUR organization or congregation (if applicable)	
How many complete petitions are you submitting?	
How many incomplete petitions are you submitting?	
Date of petition submission	

Please check that each petition has all of the required information

- The voter's name (as it appears on their voter registration card)
- The voter's address (including city, zip and county)
- The voter's date of birth OR voter registration number (only need one)
- The date the voter signed the petition, as recorded by the voter

Please return this cover sheet and your petitions as soon as possible to your local hub or mail to:

Florida Petition Management
4905 34th St S #5900
St Petersburg, FL 33711-4511

HUB WILL FILL OUT THE FOLLOWING INFO:

Complete petitions _____

Incomplete petitions _____

County of Hub _____

Processed by (initials) _____



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