Richmond Civic League - City of Richmond Referendum Petition – Volunteer Instructions

Thank you for volunteering to help gather signatures for our referendum petition. Your role is to ensure every signature is collected accurately, legally, and respectfully. A properly completed petition protects every voter's voice.

Before You Begin

- Read the petition completely.
- Be familiar with the referendum question so you can explain it factually.
- Never misrepresent the purpose of the petition.
- Carry only approved petition forms.

Who May Sign

Only qualified registered voters (non minors) who reside in jurisdiction where the referendum will be held may sign.

How to Collect Signatures

1. Explain the purpose of the petition.
2. Ask the voter to read the petition before signing, or explain it to them.
3. Ensure the voter personally signs the petition.
4. Have the voter print their name, provide their residential address, and date the signature where required.
5. Last 4 of social and email address are optional. Make every effort to get all requested information.
6. Review the entry before the voter leaves to make sure all required information is complete and legible.

Important Rules

- Never sign for another person.
- Never alter a voter's signature or information.
- Do not pre-fill voter information.
- Do not pressure anyone to sign.
- Respect anyone who declines.
- Keep petition forms secure at all times.

Circulator Responsibilities

- Witness all signatures
- Complete all required circulator affidavit sections truthfully.
- Sign any required affidavit only after completing the petition page.
- Follow all notarization requirements if applicable.

Common Mistakes to Avoid

- Missing dates.
- Illegible handwriting.
- Incomplete addresses.
- Using mailing addresses instead of residential addresses.
- Allowing someone outside the jurisdiction to sign.
- Leaving required circulator information blank.

Professional Conduct

Remain courteous and respectful at all times. Answer questions honestly. If you do not know an answer, tell the voter you will find the correct information rather than guessing.

Thank you for ensuring every valid signature is collected according to Virginia law. You are making a big difference!

Questions and Help

Call Copeland Casati at 804-515-7886, or text, or email Copeland@greenModernkits.com

Complete each form at the bottom on front and back, and HAVE THEM NOTARIZED as required.

We ask that you, in person, turn in your completed forms if complete by the 15th and 30th of each month

Drop off completed forms and pickup blank forms on covered porch at 1816 W. Grace Street, Richmond, Va 23220

We the qualified voters of CITY of RICHMOND

COUNTY OR CITY OR TOWN AND DISTRICT, IF APPLICABLE

signed hereunder or on the reverse side of this page do hereby petition the circuit court to enter and order, pursuant to § 24.2-684 of the Code of Virginia for a Special Election to be held on the 2ND day of NOVEMBER, 2027, on the question listed below:

COMMONWEALTH OF VIRGINIA

PETITION OF QUALIFIED VOTERS

FOR REFERENDUM

§ 17.38 Citywide Referendum Required

Proposals to simultaneously revamp a significant number of zoning requirements will lead to fundamental changes in the character of many neighborhoods, indeed the city itself. Accordingly, such proposals, as for example the rewrite of citywide zoning laws entitled Code Refresh, which affect at least 25% of the land parcels, shall not be enacted by Council until the proposal has first been approved by the citizenry.

All signatures required by law need not be on the same page of the petition. Numerous pages may be circulated. The circulator of each page must be a person who is her\himself a legal resident of the United States of America and who is not a minor nor a felon whose voting rights have not been restored. The circulator also must swear or affirm in the affidavit that s/he personally witnessed the signature of each voter.

Therefore, any such proposal meeting the 25% threshold shall be first submitted to the people in a special referendum election as provided by state law. Unless the majority of those casting a ballot vote in the affirmative for the proposal, the Council shall not have the power to enact said proposal.

When this charter provision becomes effective, the currently existing citywide zoning code will be subject to the special referendum election provision herein if it has not previously been approved by a majority of those voting in an advisory referendum as permitted by Section 3.06.1.

Any required special referendum election regarding the existing zoning code shall be held no later 180 days from the effective date of this charter provision. Unless the majority of those casting a ballot vote in the affirmative for the existing code, it will no longer be enforceable and the city zoning code will revert back to the prior one. The advisory and special referendum elections herein referenced and required shall be ordered and held in accordance with the applicable provisions of Section 3.06.1 and Article 5 (§24.2-681 et seq.) of Chapter 6 of Title 24.2 of the Code of Virginia.

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT ON BOTH SIDES OF THIS FORM THAT S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA, NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.

SIGNER: YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN AND DOES NOT SIGNIFY AN INTENT TO VOTE FOR THE REFERENDUM.

OFFICE USE ONLY ▼		SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENT ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED	*SEE NOTE BELOW LAST 4 DIGITS SOCIAL SECURITY NUMBER [OPTIONAL]
	1.	SIGN PRINT	RESIDENCE CITY/TOWN		
	2.	SIGN PRINT	RESIDENCE CITY/TOWN		
	3.	SIGN PRINT	RESIDENCE CITY/TOWN		
	4.	SIGN PRINT	RESIDENCE CITY/TOWN		
	5.	SIGN PRINT	RESIDENCE CITY/TOWN		
	6.	SIGN PRINT	RESIDENCE CITY/TOWN		

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON BOTH SIDES OF THE FORM

Commonwealth of Virginia

- AFFIDAVIT -

I, _____, swear or affirm that (i) my full residential address is _____; and, if different, my mailing address is _____; (ii) if applicable, I represent _____ organization in support of the referendum; (iii) I am a legal resident of the United States of America in the State/Commonwealth of _____; (iv) I am not a minor nor a felon whose voting rights have not been restored; and (v) I personally witnessed the signature of each person who signed this page or its reverse side. I understand that falsely signing this affidavit is a felony punishable by a maximum fine up to $2500 and/or imprisonment for up to ten years.

CIRCULATOR'S DRIVER'S LICENSE NUMBER, IF APPLICABLE

NAME OF STATE THAT ISSUED THE CIRCULATOR'S DRIVER'S LICENSE

Notary Signs the Affidavit on the Reverse Side

SIGNATURE OF PERSON CIRCULATING THE PETITION

CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

* **Privacy notice:** The Code of Virginia, § 24.2-684.1, authorizes requesting the last four digits of your social security number to facilitate checking this petition with the official voter registration record. You are not required to provide this information and may sign the petition without doing so. The State Board of Elections or the General Registrar, when copying this document for public inspection, must cover the column containing any social security number or part thereof.

CONTINUED FROM REVERSE SIDE

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT ON BOTH SIDES OF THIS FORM THAT S/HE IS A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA, NOT A MINOR NOR A FELON WHOSE VOTING RIGHTS HAVE NOT BEEN RESTORED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE..

SIGNER: YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN AND DOES NOT SIGNIFY AN INTENT TO VOTE FOR THE REFERENDUM.

OFFICE USE ONLY ▼		SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENT ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED	*SEE NOTE BELOW LAST 4 DIGITS SOCIAL SECURITY NUMBER [OPTIONAL]
	7.	SIGN PRINT	RESIDENCE CITY/TOWN		
	8.	SIGN PRINT	RESIDENCE CITY/TOWN		
	9.	SIGN PRINT	RESIDENCE CITY/TOWN		
	10.	SIGN PRINT	RESIDENCE CITY/TOWN		
	11.	SIGN PRINT	RESIDENCE CITY/TOWN		
	12.	SIGN PRINT	RESIDENCE CITY/TOWN		
	13.	SIGN PRINT	RESIDENCE CITY/TOWN		
	14.	SIGN PRINT	RESIDENCE CITY/TOWN		
	15.	SIGN PRINT	RESIDENCE CITY/TOWN		
	16.	SIGN PRINT	RESIDENCE CITY/TOWN		

Commonwealth of Virginia

- *AFFIDAVIT* -

I, _____, swear or affirm that (i) my full residential address is _____; and, if different, my mailing address is _____; (ii) if applicable, I represent _____ organization in support of the referendum; (iii) I am a legal resident of the United States of America in the State/Commonwealth of _____; (iv) I am not a minor nor a felon whose voting rights have not been restored; and (v) I personally witnessed the signature of each person who signed this page or its reverse side. I understand that falsely signing this affidavit is a felony punishable by a maximum fine up to $2500 and/or imprisonment for up to ten years.

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NAME OF STATE THAT ISSUED THE CIRCULATOR'S DRIVER'S LICENSE

CIRCULATOR'S LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

_____
SIGNATURE OF PERSON CIRCULATING THE PETITION

State of _____ County/City of _____

The foregoing instrument was subscribed and sworn before me this _____ day of _____, 20 ____ by _____.

PRINT NAME OF PERSON CIRCULATING THE PETITION

_____ _____ _____
SIGNATURE OF NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS | NOTARY REGISTRATION NUMBER** | DATE NOTARY COMMISSION EXPIRES**

* **Privacy notice:** The Code of Virginia, § 24.2-684.1, authorizes requesting the last four digits of your social security number to facilitate checking this petition with the official voter registration record. You are not required to provide this information and may sign the petition without doing so. The State Board of Elections or the General Registrar, when copying this document for public inspection, must cover the column containing any social security number or part thereof.

** If not included in seal/stamp.