

Rebuttal Argument Signers Form			Author	Verified
<p>No more than five signatures shall appear with any argument. If more than five signatures are submitted, the first five listed shall be printed. Names and titles listed will be printed in the order that they are listed below. Place a checkmark in the author column if the signer is author of the argument. A signer can only list one title. Honorifics such as M.D., Dr., Esquire, etc. with a name are not accepted.</p> <p>If the signers are part of a bona fide association, there is no requirement that they be eligible to vote on the measure. However, for each such signing individual, the title under the signer's name must list the name of that bona fide association and may include their position within that association.</p> <p>By signing below, the undersigned state that they have read the argument and believe it not to be false or misleading. Type information clearly.</p>			<p>Check if the signer is the author of the argument. Authors must be signers.</p>	<p>(FOR OFFICIAL USE ONLY) Staff Initial once the eligibility of the signer is verified.</p>
1.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>
Phone:		Email:	<p>For translation purposes only</p> <p>He/His: <input type="checkbox"/></p> <p>She/Her: <input type="checkbox"/></p>	
Address:				
Signature:		Date:		
2.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>
Phone:		Email:	<p>For translation purposes only</p> <p>He/His: <input type="checkbox"/></p> <p>She/Her: <input type="checkbox"/></p>	
Address:				
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3.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>
Phone:		Email:	<p>For translation purposes only</p> <p>He/His: <input type="checkbox"/></p> <p>She/Her: <input type="checkbox"/></p>	
Address:				
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4.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>
Phone:		Email:	<p>For translation purposes only</p> <p>He/His: <input type="checkbox"/></p> <p>She/Her: <input type="checkbox"/></p>	
Address:				
Signature:		Date:		
5.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>
Phone:		Email:	<p>For translation purposes only</p> <p>He/His: <input type="checkbox"/></p> <p>She/Her: <input type="checkbox"/></p>	
Address:				
Signature:		Date:		