



Petition Signing Instructions

Use Black Ball Point Pens Only

DO NOT FOLD

One County Per Sheet

Make sure they put 2024 not 24

To request additional petition or for other resources please go to www.axmitax.org/canvasser Additionally if you have not filled out a volunteer form please do so on the website as well. We appreciate your help.

The circulator of this petition is a (mark one): paid signature gatherer volunteer signature gatherer. If the petition circulator does not comply with all of the requirements of the Michigan election law for petition circulators, any signature obtained by that petition circulator on that petition is invalid and will not be counted.

INITIATIVE PETITION AMENDMENT TO THE CONSTITUTION

Constitutional Amendment to: prohibit state, county, or municipal property taxes; require 60% of voters to approve local taxes; require a 2/3 vote of both State House and Senate to increase any state tax to raise revenue by more than 0.1% over 5 years; increase percentage of state sales tax revenue distributed to local governments from 15% for municipalities only to 20% for municipalities and 10% for counties; require that municipalities and counties each receive 10% of tax revenue from income, marijuana, alcohol, and tobacco; require that tax revenue distributed to municipalities and counties be used only to fund essential government and infrastructure services; require legislation implementing these requirements.

The full text of the proposal appears on the reverse side of this petition, along with provisions of the existing constitution which would be altered or abrogated if adopted. Provisions of existing constitution altered or abrogated by the proposal if adopted: Art I, § 10; Art II, § 6; Art IV, §§ 26 and 40; Art V, § 18; Art VI, § 28; Art VII, §§ 2, 11, 16 and 21; Art IX, §§ 3, 4, 5, 6, 10, 11, 15, 16, 25, 26, 27, 28, 31, 32, 33 and 36.

We, the undersigned qualified and registered electors, residents in the county of _____, state of Michigan, respectfully petition for amendment to constitution.

WARNING - A person who knowingly signs this petition more than once, signs a name other than his or her own, signs when not a qualified and registered elector, or sets opposite his or her signature on a petition, a date other than the actual date the signature was affixed, is violating the provisions of the Michigan election law.

SIGNATURE	PRINTED NAME	STREET ADDRESS OR RURAL ROUTE	CITY OR TOWNSHIP	ZIP CODE	DATE OF SIGNING		
					MO	DAY	YEAR
1.	As it appears on your		Township where you vote		Date of Signing		
2.	Drivers License		as it is on your Voter Registration		Not Birth Date		
3.			May not be same as drivers license				
4.				Date Format	01	01	2024
5.					Not	24	
6. If there is a mistake on a line DO NOT CORRECT, PUT A SINGLE LINE THROUGH THAT SIGNATURE LINE AND START A NEW LINE.							
7.							
8.							
9.							
10.							

CERTIFICATE OF CIRCULATOR

The undersigned circulator of the above petition asserts that he or she is 18 years of age or older and a United States citizen; that each signature on the petition was signed in his or her presence; that he or she has neither caused nor permitted a person to sign the petition more than once and has no knowledge of a person signing the petition more than once; and that, to his or her best knowledge and belief, each signature is the genuine signature of the person purporting to sign the petition, the person signing the petition was at the time of signing a registered elector of the city or township indicated preceding the signature, and the elector was qualified to sign the petition.

If the circulator is not a resident of Michigan, the circulator shall make a cross or check mark in the box provided, otherwise each signature on this petition sheet is invalid and the signatures will not be counted by a filing official. By making a cross or check mark in the box provided, the undersigned circulator asserts that he or she is not a resident of Michigan and agrees to accept the jurisdiction of this state for the purpose of any legal proceeding or hearing that concerns a petition sheet executed by the circulator and agrees that legal process served on the Secretary of State or a designated agent of the Secretary of State has the same effect as if personally served on the circulator.

WARNING—A circulator knowingly making a false statement in the above certificate, a person not a circulator who signs as a circulator, or a person who signs a name other than his or her own as circulator is guilty of a misdemeanor.

Paid for with regulated funds by AxMITax, PO Box 751, Jenison, MI 49429.



CIRCULATOR – Do not sign or date certificate until after circulating petition.

_____/_____/_____
(Signature of Circulator) (Date)

(Printed Name of Circulator)

(Complete Residence Address (Street and Number or Rural Route)) Do Not Enter a Post Office Box

(City or Township, State, Zip Code)

DO NOT PUT COUNTY HERE UNLESS YOU ARE NON MICHIGAN RESIDENT

(County of Registration, if Registered to Vote, of a Circulator who is not a Resident of Michigan)