

# INITIATIVE PETITION CERTIFICATION FORM

County: \_\_\_\_\_

Initiative Serial Number: \_\_\_\_\_

Initiative Title: \_\_\_\_\_

## Batch Certification

Congressional District	Valid Verified Signatures

I hereby certify these valid verified signatures are not contained in any prior certification.

\_\_\_\_\_  
Signature of Supervisor of Elections

\_\_\_\_\_  
Date

Please provide a copy of the petition along with this form.