MINNESOTA PETITION IN PLACE OF FILING FEE

We, the undersigned eligible voters, residing in the election district for the office set forth below, understand that it is intended that this petition be presented in place of the filing fee

SIGNER'S OATH

"I swear (or affirm) that I know the contents and purpose of this petition and that I signed the petition only once and of my own free will."

ALL INFORMATION ON THIS PETITION IS SUBJECT TO PUBLIC INSPECTION

**********ALL INFORMATION MUST BE FILLED IN BY PERSON(S) SIGNING THE PETITION UNLESS DISABILITY PREVENTS THE PERSON(S) FROM DOING SO.**********

	DATE	SIGNATURE	YEAR OF BIRTH (If born in 2000 list month and day)	PRINT FIRST, MIDDLE, AND LAST NAME	RESIDENCE ADDRESS (number and street or route and box number) (Not a P.O. Box)	CITY OR TOWNSHIP	COUNTY
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10. S:\ELE	CT\Special Elections\2018\HD 2	23B Special Election\2018 HD 23B Special Petition in f	Place of Filing Fee Rev. 11/20	7	M.S. 204B.11 subd 2., M.S. 204B.07, M.R. 8205.1010		