

Cover Sheet

County where Signatures Collected _____

Event Name & Date _____

Location _____

Number of Signatures _____ (put total in right hand bottom corner of each sheet)

Number of Sheets _____

Total: _____

Collectors Signature: _____

(This section should be completed by individual charged with collecting signatures for a particular location or occasion. Returned signed petitions to the person or coordinator who gave them to you, if none, please send to ACCR at the address at the bottom of page)

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Petition Delivery Summary Sheet

(Fill this out once for entire effort)

Petition Drive Primary Coordinator Name/Tel.

Date Sent _____

Grand Total Signatures _____

Signature: _____

(This section should be completed by Primary Coordinator prior to sending to state ACCR organization. Return signed petitions to the person or coordinator who gave them to you, if none please send to **ACCR PO Box 10746 Birmingham, AL 35202.**)