

We the qualified voters of Virginia Beach  
 County or City or Town and District, if applicable  
 signed hereunder do hereby petition the circuit court to enter an order, pursuant  
 to § 24.2-684.1 of the Code of Virginia for a Special Election to be held  
 on November 2, 2010, on the question listed below:

COMMONWEALTH OF VIRGINIA  
**PETITION OF QUALIFIED  
 VOTERS  
 FOR REFERENDUM**

Should the City Council adopt an ordinance approving the development and financing of the proposed Virginia Beach-Norfolk-Naval Base Light Rail transit project?

**CIRCULATOR:** MUST SWEAR OR AFFIRM IN THE AFFIDAVIT ON THE REVERSE SIDE OF THIS FORM THAT S/HE RESIDES IN AND EITHER IS, OR IS ELIGIBLE TO BE, A REGISTERED AND QUALIFIED VOTER OF THE DISTRICT FOR WHICH THE ISSUE IS REQUESTED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.

**SIGNER:** YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN AND DOES NOT SIGNIFY AN INTENT TO VOTE FOR THE ISSUE.

OFFICE USE ONLY V	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENT ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED	*SEE NOTE BELOW SOCIAL SECURITY NUMBER [OR LAST FOUR DIGITS]
1.	SIGN PRINT			
2.	SIGN PRINT			
3.	SIGN PRINT			
4.	SIGN PRINT			
5.	SIGN PRINT			
6.	SIGN PRINT			
7.	SIGN PRINT			
8.	SIGN PRINT			
9.	SIGN PRINT			
10.	SIGN PRINT			
11.	SIGN PRINT			
12.	SIGN PRINT			

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

\*The social security number is part of each voter's official record and is requested only to make it possible to check this petition more quickly and with greater accuracy. It is not mandatory that it be provided. The General Registrar, or Clerk of Circuit Court, when copying this document for public inspection, must cover the column containing social security numbers.

All signatures required by law need not be on the same page of the petition. Numerous pages may be circulated. The circulator of each page must swear or affirm in the affidavit on the reverse side of this form that s/he resides in, and either is, or is eligible to be, a registered and qualified voter of the county or city or town and, if applicable, the district for which the issue is requested. The circulator also must swear or affirm in the affidavit that he personally witnessed the signature of each voter.

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT S/HE RESIDES IN AND EITHER IS, OR IS ELIGIBLE TO BE, A REGISTERED AND QUALIFIED VOTER OF THE DISTRICT FOR WHICH THE ISSUE IS REQUESTED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.

SIGNER: YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN AND DOES NOT SIGNIFY AN INTENT TO VOTE FOR THE ISSUE.

OFFICE USE ONLY V	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENT ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED	*SEE NOTE BELOW SOCIAL SECURITY NUMBER [OR LAST FOUR DIGITS]
13.	SIGN PRINT			
14.	SIGN PRINT			
15.	SIGN PRINT			
16.	SIGN PRINT			
17.	SIGN PRINT			
18.	SIGN PRINT			
19.	SIGN PRINT			
20.	SIGN PRINT			
21.	SIGN PRINT			
22.	SIGN PRINT			
23.	SIGN PRINT			
24.	SIGN PRINT			
25.	SIGN PRINT			
26.	SIGN PRINT			

Commonwealth of Virginia

- AFFIDAVIT -

I, \_\_\_\_\_, swear or affirm that (i) my resident address is \_\_\_\_\_;

that (ii) I either am, **OR** I am eligible to be, a qualified voter in the County/City of \_\_\_\_\_ and, if applicable, \_\_\_\_\_ District; or if this petition is for a town issue, the Town of \_\_\_\_\_; (iii) I reside and I am registered, or eligible to be registered, in the county or city or town and, if applicable, the district for which this petition is circulated; (iv) I am qualified to vote or eligible to be qualified to vote for the issue for which this petition is circulated; and (v) I personally witnessed the signature of each person who signed this page or its reverse side. I understand that the penalty for falsely signing this affidavit is a maximum fine of \$2500 and/or confinement for up to ten years.

\_\_\_\_\_  
SIGNATURE OF PERSON CIRCULATING PETITION

\_\_\_\_\_  
CIRCULATOR'S SOCIAL SECURITY NO.  
[OR LAST FOUR DIGITS]

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

My commission expires on \_\_\_\_\_.

\_\_\_\_\_  
NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS

\_\_\_\_\_  
NOTARY ID NUMBER

\*The social security number is part of each voter's official record and is requested only to make it possible to check this petition more quickly and with greater accuracy. It is not mandatory that it be provided. The General Registrar, or Clerk of Circuit Court, when copying this document for public inspection, must cover the column containing social security numbers. SBE-684.1(1) REV 12/07