

Please complete both pages of this form, and use the attached Petitioner Signature Sheet (or copies of it) when seeking signatures of property owners. The information on this form will be public information. Thank you.

DESCRIPTION OF PROPOSED NO SHOOTING ZONE: The general area sought to be designated as a no shooting zone is: (short description) _____.

The **Whatcom County Engineering Division** helped the petitioner(s) develop the following legal description of the boundaries of the proposed no shooting zone:

Signature of Engineering employee assisting the petitioner:

Signature _____ Date _____

MAP ATTACHED: A map on 8.5 x 11 white paper, prepared with the help of the Whatcom County Engineering Division, is attached, with the proposed boundaries clearly marked. Proposed boundaries are placed along established roadways whenever possible.

GENERAL STATEMENT PROPOSING THE FORMATION OF A NO SHOOTING ZONE: The property owners who have signed this petition include at least 60 percent of the persons owning property within the boundaries of the proposed no shooting zone; such boundaries are detailed above and on the attached map. We understand that the Whatcom County Council will not consider anti-gun or anti-hunting sentiments as a reason for forming a no shooting zone. The reasons that the property owners who have signed this petition request that a no shooting zone be formed follow:

The petitioners also offer, as support for their request, the following brief history of shooting violations in the area proposed as a no shooting zone:

PETITIONERS' CONTACT PERSON: The petitioners agree that the following person shall serve as their contact person in this matter. The County Council Office will rely upon this representative to relay any relevant information to the other petitioners, including (but not limited to) meeting dates and times.

Contact Person's Name (please print or type):

Mailing Address:

City, State and Zip Code:

Daytime phone number or message phone: ()

The contact person is responsible for submitting this form to the County Council Office.

SWORN STATEMENT BY PETITIONER'S CONTACT PERSON:

I, _____, do hereby agree to act as the representative for the petitioners in this matter. I swear under penalty of perjury that the facts presented in support of this petition are true and correct to the best of my knowledge, and that the signatures attached as part of this petition represent the signatures of at least 60 percent of the owners of property within the boundaries of the proposed no shooting zone.

Signature

Date

State of Washington,
County of Whatcom

I certify that I know or have satisfactory evidence that _____ signed this instrument, and did so voluntarily.

Dated this ____ day of _____, 200__.

(Notary Public Signature)

Notary Public in and for the state
of Washington, residing at

My notary commission expires