

Petition in place of filing fee. At the time of filing an affidavit of candidacy, a candidate may present a petition in place of the filing fee. The petition will include information from persons eligible to vote, whose legal residence is within Bloomington, and may also include within a specific Council District.

I. **Required elements** for each petition page filed in place of a filing fee:

1. PETITION PURPOSE The purpose of this petition is to: _____
2. SIGNER’S OATH: I swear that I know the contents and purpose of this petition and that I signed it only once and of my own free will.”
All information must be filled in by the person(s) signing the petition unless disability prevents the person(s) from doing so. Information within petitions is classified as public.
3. Each petition page shall be numbered (page X of Y).
4. Landscape layout shall be used for maximum spacing of information.
5. Each signatory shall be an eligible voter.
6. Each eligible voter shall print his/her first, middle, and last name; year of birth; and legal address.
7. Each eligible voter shall provide his/her legal signature and date of signature.

Signatures will be verified by the City Clerk’s Division using a Public Information List provided by Hennepin County and/or the State Voter Registration System. A sample petition is on the back.

Number of Eligible Voters Required by Office

The number of signatures on a petition in place of a filing fee shall be the lesser of 500 signatures or five percent of the total number of votes cast in the municipality, ward, or other election district at the preceding general election at which that office was on the ballot.

Office	Minimum number of eligible signatures required
Mayor	500
At-large	500
At-large (special)	500
Council District I	238
Council District II	259
Council District III	236
Council District IV	128

The City Clerk recommends adding 10% more signatures than the minimum required.

PETITION: Purpose of this petition is to: _____

Signer's oath: I swear that I know the contents and purpose of this petition and that I signed it only once and of my own free will."

All information must be filled in by the person(s) signing the petition unless disability prevents the person(s) from doing so.

NO.	DATE	PRINT FIRST, MIDDLE, AND LAST NAME	SIGNATURE	YEAR OF BIRTH	RESIDENCE ADDRESS