



**OFFICE OF THE STATE AUDITOR
PETITION SUBMISSION**

(Form PS 15-1)

Phone (573) 751-4213
Website: <http://www.auditor.mo.gov>

Return to:
Missouri State Auditor's Office
ATTN: Petitions
P.O. Box 869
Jefferson City, MO 65102
or
Petitions@auditor.mo.gov

Instructions

Pursuant to Section 29.230.2, RSMo, the sufficient number of signatures of qualified voters must be submitted within one year from requesting the petition from the State Auditor and the person submitting the petition must be a resident or owner of real property within the boundaries or area of service of the political subdivision.

This form **must be** completed and accompany the petition when submitted to the State Auditor's Office.

Political Subdivision to Audit

Political Subdivision Name

County or Counties in which located

Submitter Information

Last name

First name

Middle name

Mailing Address

City

State

Zip code

County

Email

Home Phone

Cell Phone

Work Phone

Note: A home, cell, or work phone number **is required**. Also, please indicate the best time to contact you and the preferred method of contact.

Pursuant to Section 29.230.2, RSMo, please check one or both boxes as applicable:

- I affirm that I reside within the boundaries or area of service of the political subdivision for which signatures are being submitted.
- I affirm that I own real property within the boundaries or area of service of the political subdivision for which signatures are being submitted.

I certify that the above statement is true and accurate to the best of my knowledge and belief. I am aware that any false statement is punishable by law.

Signature of person submitting the signatures

Date

For Agency Use Only

Date Received by SAO: