

PETITION FOR REORGANIZATION OF _____ SANITARY DISTRICT

TO THE BOARD OF SUPERVISORS OF YAVAPAI COUNTY, ARIZONA:

We the undersigned, as qualified electors residing within the _____ Sanitary District, pray that the sanitary district be organized as a sanitary district administered by a five-member board, as provided for in A.R.S. §48-2010.

Signature	Printed Name (first and last name)	Actual Address (if no street address, describe residence location)	City, Town or Post Office and Zip Code	Date Signed
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				