

Giles Home Rule is petitioning to create a new charter for Giles County Government. Some of the items that may be in the new charter: An Elected Director of Schools, Recall and Term Limits for Elected Officials, Citizen Initiative, and Complete Transparency including Online County Government Check Register.

# Giles County Charter Petition

Pursuant to Article VII, Section 1 of the Tennessee Constitution and TCA § 5-1-204 (d), we the undersigned registered voters of Giles County Tennessee hereby petition the Giles County Commission for the election of a charter commission of seven (7) members to be elected one (1) from each commission district. Once chosen, the charter commission shall draft and present to the electorate a new charter for Giles County Tennessee.

## SIGNATURES of REGISTERED VOTERS of GILES COUNTY TENNESSEE

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|--|---|
| 1- ONLY registered voters of Giles County may sign a petition.   | 4- Fill in ALL blanks taking care to write clearly.       |
| 2- You MUST sign for yourself. No one may sign for someone else. | 5- Name and address should match voter registration card. |
| 3- You may sign ONE time on ONLY one petition.                   | 6- All addresses must be street addresses, no P.O. Boxes. |

**1. Sign Name** \_\_\_\_\_  
Print Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

**6. Sign Name** \_\_\_\_\_  
Print Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

**2. Sign Name** \_\_\_\_\_  
Print Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

**7. Sign Name** \_\_\_\_\_  
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Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

**3. Sign Name** \_\_\_\_\_  
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City/State/Zip \_\_\_\_\_

**8. Sign Name** \_\_\_\_\_  
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City/State/Zip \_\_\_\_\_

**4. Sign Name** \_\_\_\_\_  
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Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

**9. Sign Name** \_\_\_\_\_  
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Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

**5. Sign Name** \_\_\_\_\_  
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Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

**10. Sign Name** \_\_\_\_\_  
Print Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_