



PETITION FOR MEDICAL MARIJUANA REFERENDUM

TO: The governing authority of the County of _____.

We, the undersigned qualified electors of the County of _____,
State of Mississippi, hereby petition that an election be called on the question of whether or not the
_____ of medical cannabis and cannabis products shall be
permitted in said municipality as provided in the Mississippi Medical Cannabis Act of 2022.

- | | |
|---------------------|--------------------|
| 1. SIGNATURE _____ | Printed Name _____ |
| Address _____ | Precinct _____ |
| 2. SIGNATURE _____ | Printed Name _____ |
| Address _____ | Precinct _____ |
| 3. SIGNATURE _____ | Printed Name _____ |
| Address _____ | Precinct _____ |
| 4. SIGNATURE _____ | Printed Name _____ |
| Address _____ | Precinct _____ |
| 5. SIGNATURE _____ | Printed Name _____ |
| Address _____ | Precinct _____ |
| 6. SIGNATURE _____ | Printed Name _____ |
| Address _____ | Precinct _____ |
| 7. SIGNATURE _____ | Printed Name _____ |
| Address _____ | Precinct _____ |
| 8. SIGNATURE _____ | Printed Name _____ |
| Address _____ | Precinct _____ |
| 9. SIGNATURE _____ | Printed Name _____ |
| Address _____ | Precinct _____ |
| 10. SIGNATURE _____ | Printed Name _____ |
| Address _____ | Precinct _____ |

Copy this form for succeeding pages.

The opening paragraph must appear on each page containing signatures.