



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.

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| 1. SIGNATURE _____ | Printed Name _____ |
| Address _____ | Precinct _____ |
| 2. SIGNATURE _____ | Printed Name _____ |
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| 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.