



DissolveTheVillage.org

**PETITION TO DISSOLVE: SIGNATURE PROVED BY WITNESS**

**TO: BOARD of TRUSTEES, INCORPORATED VILLAGE OF PATCHOGUE**

1. We the undersigned, duly qualified electors of the Incorporated Village of Patchogue, County of Suffolk, State of New York, representing not less than one-third of the duly qualified electors of the Incorporated Village of Patchogue, present this petition to the Board of Trustees and respectfully request that the Board of Trustees adopt a resolution submitting a proposition for the dissolution of the Village of Patchogue to be submitted to a vote of the people of the Incorporated Village of Patchogue at a regular or special election.

2. Each of the undersigned states that he/she has personally signed this petition; that he/she has not signed any other Petition for the same measure; that he/she is a qualified elector of the Incorporated Village of Patchogue, Suffolk County, New York; and that his/her place of residence, including street and number, if such exist, is correct written after his/her name.

NAME

ADDRESS

1. PRINTED: \_\_\_\_\_, Patchogue, NY 11772

SIGNED: \_\_\_\_\_ Date: \_\_\_\_\_

PHONE NUMBER FOR SIGNATURE CONFIRMATION: \_\_\_\_\_

2. PRINTED: \_\_\_\_\_, Patchogue, NY 11772

SIGNED: \_\_\_\_\_ Date: \_\_\_\_\_

PHONE NUMBER FOR SIGNATURE CONFIRMATION: \_\_\_\_\_

3. PRINTED: \_\_\_\_\_, Patchogue, NY 11772

SIGNED: \_\_\_\_\_ Date: \_\_\_\_\_

PHONE NUMBER FOR SIGNATURE CONFIRMATION: \_\_\_\_\_

4. PRINTED: \_\_\_\_\_, Patchogue, NY 11772

SIGNED: \_\_\_\_\_ Date: \_\_\_\_\_

PHONE NUMBER FOR SIGNATURE CONFIRMATION: \_\_\_\_\_

5. PRINTED: \_\_\_\_\_, Patchogue, NY 11772

SIGNED: \_\_\_\_\_ Date: \_\_\_\_\_

PHONE NUMBER FOR SIGNATURE CONFIRMATION: \_\_\_\_\_

**Please send the completed petition to, or call for us to come pick it up at:**

**DissolveTheVillage.org, P.O. Box 2148, Patchogue, NY 11772, or Call: 1-631-576-0461**