

**INITIATIVE MEASURE TO BE SUBMITTED DIRECTLY TO THE VOTERS
MARIN MUNICIPAL WATER DISTRICT**

Ballot Title: AN INITIATIVE TO INSTITUTE A MORATORIUM ON ALL MARIN MUNICIPAL WATER DISTRICT WATER FLUORIDATION PENDING PROVISION OF INFORMATION ON FLUORIDATING CHEMICAL.

Notice of Intent to Circulate Petition

Notice is hereby given by the persons whose names appear below of their intent to circulate a petition within the Marin Municipal Water District for the following purpose: Text of Measure: The Marin Municipal Water District (MMWD) shall institute a moratorium on all District water fluoridation unless and until such time as each and every manufacturer of the fluoridating chemical supplied to MMWD for water fluoridation, provide to District customers and consumers: 1) an accurate list of all contaminants and their amounts, accompanying each batch of fluoridating chemical supplied to the MMWD, and 2) a detailed toxicological report on the fluoridating chemical, and 3) a written statement verifying the fluoridating chemical's safety for ingestion, once introduced into the water supply, by all water consumers. s/Lawrence Rose, MD, MPH, Occupational/Environmental Medicine, 197 Lovell Avenue, Mill Valley, CA 94941; s/Brian J. Smith, DDS, Marin Dental Wellness, 55 La Goma Street, Mill Valley, CA 94941.

NOTICE TO THE PUBLIC: THIS PETITION MAY BE CIRCULATED BY A PAID SIGNATURE GATHERER OR A VOLUNTEER. YOU HAVE THE RIGHT TO ASK.

**This column for
Official use only.**

No.	PLEASE FILL IN ALL INFORMATION BY HAND AND IN INK			
1.	PRINT YOUR FULL NAME IN INK _____ SIGNATURE AS REGISTERED TO VOTE	PRINT RESIDENCE ADDRESS (NOT PO BOX OR RURAL ROUTE) _____ PRINT CITY & STATE	ZIP _____	
2.	PRINT YOUR FULL NAME IN INK _____ SIGNATURE AS REGISTERED TO VOTE	PRINT RESIDENCE ADDRESS (NOT PO BOX OR RURAL ROUTE) _____ PRINT CITY & STATE	ZIP _____	
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10.	PRINT YOUR FULL NAME IN INK _____ SIGNATURE AS REGISTERED TO VOTE	PRINT RESIDENCE ADDRESS (NOT PO BOX OR RURAL ROUTE) _____ PRINT CITY & STATE	ZIP _____	

Declaration of Circulator: I, _____, am 18 years of age or older.
My residential address is _____, (STATE) _____ (ZIP) _____
I circulated this petition section, personally witnessed the execution of all of the signatures on it, and, to the best of my knowledge and belief, each signature is the genuine signature of the person whose name it purports to be.
All signatures on this petition section were obtained between (DATE) _____ and (DATE) _____
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Executed at _____, California on (DATE) _____. [SIGNATURE] _____

**As soon as possible: Please return completed petitions to Clean Water Sonoma-Marín,
PO Box 151538, San Rafael, CA 94915-2402; or call Dawna for pick up: 415-858-2402 or 415-895-5445. Thank you.**