## **State of Maryland - Charter Amendment Petition**

We, the undersigned voters of	of Baltimore	NOTICE TO S
County or  (check for I	Baltimore City), hereby	(1) as it app
petition to have this amendme	ent of the County or City	OR (2) your s
Charter submitted to a vote of	the registered voters of	one full give
the County or Baltimore City,	for approval or rejection	names. Plea
at the next general election.		than your sig
-		are not gener

If the full text of the proposal does not appear on the back of this signature page, a fair and accurate summary of the substantive provisions of the proposal must appear on the back, and the full text of the proposal must be immediately available from the petition circulator.

NOTICE TO SIGNERS: Sign and print your name (1) as it appears on the voter registration list, OR (2) your surname of registration AND at least one full given name AND the initial of any other names. Please print or type all information other than your signature. Post Office Box addresses are not generally accepted as valid. By signing this petition, you agree that the aforementioned charter amendment proposal should be placed on the ballot as a question at the next general election and that, to the best of your knowledge, you are registered to vote in Maryland and are eligible to have your signature counted for this petition.

Please Note: The information you provide on this petition is public information and may be used to change your voter registration address. First Name Middle Name Last Name Month Date Year Print Name: Birth Date: Month Date Year 1 Date of Signature: Signature: Maryland Street Number Street Name Apt. No. City or Town Zip Residence Address: Month First Name Middle Name Year Last Name Date Print Name: Birth Date: Month Date Year Date of 2 Signature: Signature: Street Number Street Name Apt. No. City or Town Zip Maryland

	Residence Address:							
	Print	First Name	Middle Name	Last Name		Month	Date	Year
	Name:				Birth Date:			
3	Signature:				Date of Signature:	Month	Date	Year
	Maryland Residence Address:	Street Number	Street Name		Apt. No.	City or Town		Zip
	Print	First Name	Middle Name	Last Name		Month	Date	Year

Birth Date:

(c) I personally observed each signer as he or she signed this page; and

(d) to the best of my knowledge and belief: (i) all signatures on this page are genuine; and (ii) all signers are registered voters of Maryland.

(Sign and Date when signature collection is completed)

4	Signature:				Date of Signature:	Month	Date	Year	
	Maryland Residence Address:	Street Number	Street Name		Apt. No.	City or Town		Zip	
	Print Name:	First Name	Middle Name	Last Name	Birth Date:	Month	Date	Year	
5	Signature:				Date of Signature:	Month	Date	Year	
	Maryland Residence Address:	Street Number	Street Name		Apt. No.	City or Town		Zip	
Individual Circulator's printed or typed name			<b>Circulator's Affidavit</b> Under penalties of perjury, I swear (or affirm) that: (a) I was at least 18 years old when each signature was obtained; (b) the information given to the left identifying me is true and correct;						

Residence Address

City

Name:

State

Zip

Telephone (including area code)

## SUBJECT MATTER OF THE PETITION

## THE BALTIMORE COUNTY CHARTER SHALL BE AMENDED BY ADDING A NEW SUBSECTION AT THE END OF SECTION 801 OF ARTICLE VIII, IN ADDITION TO THE LANGUAGE ALREADY CONTAINED THEREIN, TO READ AS FOLLOWS:

The County Council is further authorized to, and shall by law, provide a system of binding arbitration by a neutral arbitrator to resolve disputes concerning health care and related issues arising out of the negotiation of a collective bargaining agreement with the exclusive representatives of the Health Care Review Committee. Any law so enacted shall prohibit strikes or work stoppages by police officers and fire fighters and paramedics and other Baltimore County Merit System Employees.