

# Repeal of the Independent Redistricting Commission and Standards Act Direct Initiative

<b>Name*:</b>	
<b>Address* (physical residence address including city, Zip):</b>	
<b>Birthdate or Age:</b>	<b>Utah DL or SSN :</b>

**X**

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Signature\*                      Date\*

Date Received - Clerk

**Return via mail or in-person to:** Salt Lake County Clerk  
2001 S State St , Ste. S1-200  
PO Box 144575  
Salt Lake City, Utah 84114