Form No. 6-O-1 Prescribed by Ohio Secretary of State (05/2026)

Petition to Initiate Township Zoning

To be filed with the Board of Township Trustees.
R.C. 519.03, 3501.38, 3503.06

To the Board of Township Trustees

of _____ Township, _____ County, Ohio:

We, the undersigned, being electors residing in the unincorporated area of

Name of the township, or description of part of the township, followed by the words "located in" and the name of the township

equal to not less than eight percent of the total vote cast for all candidates for governor in the area at the preceding gubernatorial election, request the Board of Township Trustees to adopt a resolution to proceed with township zoning under Sections 519.02 to 519.25 of the Revised Code.

Signatures on this petition must be written in ink.

	Signature	Voting Residence, Street Number and Address	City, Village or Township	County	Date of Signing
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					

	Signature	Voting Residence, Street Number and Address	City, Village or Township	County	Date of Signing
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					
31.					

Circulator Statement

Must be completed and signed by the circulator.

I, _____, declare under penalty of election falsification that I reside at the address
Printed Name of Circulator
appearing below my signature; that I am the circulator of the foregoing petition containing _____ signatures;
Number
that I witnessed the affixing of every signature; that all signers were to the best of my knowledge and belief qualified to sign; and that every signature is to the best of my knowledge and belief the signature of the person whose signature it purports to be or of an attorney in fact acting pursuant to section 3501.382 of the Revised Code.

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

_____
Signature of Circulator

_____
Permanent Residence Address

_____ _____ _____
City or Village State Zip Code

Form 6-O-1 - Petition to initiate township zoning

Filed _____, _____
Month and Day Year

_____
Signature of Township Fiscal Officer