

Notice of Measure Election City

22-197

SEL 802

rev 01/18 ORS 250.035, 250.041,
250.275, 250.285, 254.095, 254.465

Notice

Date of Notice
8/17/2022

Name of City or Cities
CITY OF LYONS

Date of Election
NOVEMBER 8, 2022

Final Ballot Title The following is the final ballot title of the measure to be submitted to the city's voters. The ballot title notice has been published and the ballot title challenge process has been completed.

Caption 10 words which reasonably identifies the subject of the measure.

Prohibits psilocybin-related businesses within the City of Lyons.

FILED

Question 20 words which plainly phrases the chief purpose of the measure.

Shall the City of Lyons prohibit psilocybin-related businesses within the City?

AUG 17 2022

STEVE DRUCKENMILLER, Clerk
By *[Signature]* 11:17am Deputy

Summary 175 words which concisely and impartially summarizes the measure and its major effect.

State law permits persons licensed, controlled and regulated by the State to legally manufacture psilocybin products and provide psilocybin services to persons 21 years of age and older. State law authorizes the governing bodies of cities and counties to adopt ordinances to be referred to the voters that prohibit the establishment of psilocybin product manufacturers and psilocybin service center operators within the area subject to the city's or county's jurisdiction. The City of Lyons is referring to the voters an ordinance prohibiting psilocybin product manufacturers and psilocybin service center operators within the City.

Approval of this measure would prohibit the establishment of psilocybin product manufacturers and psilocybin service center operators within the area subject to the City of Lyons' jurisdiction.

Explanatory Statement 500 words that impartially explains the measure and its effect.

If the county is producing a voters' pamphlet an explanatory statement must be drafted and attached to this form for:

- any measure referred by the city governing body; or
→ any initiative or referendum, if required by local ordinance.

Explanatory Statement Attached? ☒ Yes ☐ No

Authorized City Official Not required to be notarized.

Name

Micaela Valentine

Title

City Manager

Mailing Address

449 5th St, Lyons, OR 97358

Contact Phone

(503) 859-2167

By signing this document:

- I hereby state that I am authorized by the city to submit this Notice of Measure Election; and
→ I certify that notice of receipt of ballot title has been published and the ballot title challenge process for this measure completed.

Micaela M. Valentine

8/17/2022

Signature

Date Signed