

PLEASE PRINT, SIGN AND MAIL THIS PETITION TO:

Howard Jarvis Taxpayers Association
Attn: Director of Member Services, Dept. 202010
P.O. Box 14230
Orange, CA 92863-1230



HOWARD JARVIS TAXPAYERS ASSOCIATION

OFFICIAL PETITION

**To: My District Assembly Member
And the entire California State Assembly**

Whereas during your term in the California Assembly, you will be asked to vote on Constitutional Amendments claiming to "reform, edit or revise" Proposition 13, including the two-thirds vote requirement.

Whereas any proposed "reform" to Prop. 13 would enable property taxes that your constituents cannot afford. Any weakening of the Two-Thirds Rule or 1% cap could be financially devastating to homeowners in your district.

Now Therefore I hereby exercise my right of Petition, urging you to **VOTE NO** on **any** Constitutional Amendment that would weaken Proposition 13 or **any** of its provisions.

Print Name: _____

Signed: _____ Date Signed: _____

One of hundreds of thousands of Members and Supporters of the Howard Jarvis Taxpayers Association

Please do not remove the section below. The form will be detached before petitions are released to the State Assembly.

Yes, Jon, I'm returning to you my signed Petition to be delivered to my State Assembly Member as soon as votes are counted. To help HJTA with this campaign and the continuing battle against ALL threats to Prop. 13, I am also enclosing a special donation in the amount of:

\$25 \$15 Other \$ _____

First, Last Name: _____

Address: _____

City, State ZIP: _____

Contributions or gifts to the Howard Jarvis Taxpayers Association are not tax-deductible.

Sign up with your e-mail address below to receive taxpayer e-mail updates:

➔ _____ @ _____

Your e-mail address will be used only for communications from HJTA. We will not trade or rent your e-mail address, and you can unsubscribe at any time.

My check is enclosed, payable to Howard Jarvis Taxpayers Association or HJTA.

Please charge \$ _____ to my:

- Visa Mastercard
- Discover American Express

Card #:

Exp. Date: _____ CVC: _____

Name on Card: _____

Signature: _____