

PLEASE PRINT, SIGN AND MAIL THIS PETITION TO:

Howard Jarvis Taxpayers Association
Attn: Director of Member Services, Dept. 222007
P.O. Box 14230
Orange, CA 92863-1230

Petition Number: 22200777777777



HOWARD JARVIS TAXPAYERS ASSOCIATION

**OFFICIAL PETITION TO
PROTECT PROPOSITION 13'S TWO-THIRDS RULE**

**To: My State Assembly Member, My State Senator
and the entire California State Legislature**

Whereas: The overwhelming majority of Californians support Proposition 13, which has kept property taxes fair while providing local government with ample and reliable revenue; and

Whereas: Prop. 13's fairness and tax savings rely on requiring a two-thirds majority to pass new taxes and tax increases, a protection particularly critical to homeowners;

Now Therefore I hereby exercise my right of Petition, urging you to **VOTE NO on any Constitutional Amendment proposal that would weaken the Two-Thirds Rule or ANY Proposition 13 protection.**

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 Legislature.

Yes, Jon, I'm returning to you my signed Petition urging defense of Prop. 13's two-thirds vote protection. To help my HJTA fight this and many other threats to Proposition 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: _____

Billing ZIP Code: _____

Name on Card: _____

Signature: _____