

PLEASE PRINT, SIGN AND MAIL THIS PETITION TO:

Howard Jarvis Taxpayers Association  
Attn: Director of Member Services, Dept. 222012  
P.O. Box 14230  
Orange, CA 92863-1230

Petition Number: 0222201277777777



HOWARD JARVIS TAXPAYERS ASSOCIATION

OFFICIAL PETITION

To the entire California State Senate

**Whereas**, Proposition 13 ended an era when *current market value* was the basis of property taxes, which had allowed local bureaucrats to reassess property and raise taxes without limit; and

**Whereas**, any legislation that would reinstate *market value* as the basis to tax **any** property would be a step to total Prop. 13 repeal, turning bureaucrats loose to tax people out of their homes, just like before our Tax Revolt;

**I hereby exercise my right of Petition**, urging you to **VOTE NO** on *any* legislation that would threaten Prop. 13's constitutionally guaranteed tax basis or otherwise weaken Proposition 13.

Respectfully submitted by:

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 Senate.

**Yes, Jon**, I'm returning to you my signed Petition to my State Senator. To help HJTA fight 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:**

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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: \_\_\_\_\_