

PLEASE PRINT, SIGN AND MAIL THIS PETITION TO:

Howard Jarvis Taxpayers Association
Attn: Director of Member Services, Dept. 232005
P.O. Box 14230
Orange, CA 92863-1230

Vote NO! on "Split Roll" Protect Proposition 13



HJTA OFFICIAL PETITION

To: **My State Senator**
And the entire California State Senate

Petition Number: 0223200577777777

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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 current 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* so-called "Split Roll" and *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.

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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:

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 Number:

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Exp. Date: _____ Billing ZIP Code: _____

Name on Card: _____ CVC: _____

Signature: _____

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