

**CITY OF SALINAS** 

200 Lincoln Ave Salinas, CA 93901 (831) 758- 7383 Return completed form to: Office of the City Clerk 200 Lincoln Ave Salinas, CA 93901

## **AFFIDAVIT OF RESIDENCY**

I, \_\_\_\_\_\_, hereby file this Affidavit of Residency this \_\_\_\_\_\_day of \_\_\_\_\_\_, 2024, for the office of <u>District 3 Councilmember</u> of the City of Salinas, California which City Council seat will become vacant on May 10, 2024.

I swear and affirm that I am a qualified elector pursuant to Section 2.2 of the Salinas City Charter and have been a resident of Salinas City Council District 3 for at least twenty-eight days preceding the appointment to fill the vacancy.

Signature		Print Name
Residence Address		Email
Telephone		
STATE OF CALIFORN	IA)	
COUNTY OF MONTEF	REY )	
appeared who executed th	is Affidavit of Resid	, Notary Public, personally ency. I certify under PENALTY OF PERJURY ne foregoing sentence is true and correct.

WITNESS my hand and official seal.

NOTARY PUBLIC – STATE OF CALIFORNIA

Place Notary Seal Above