

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