



Reclamation District No. 1000
OFFICIAL FILING PETITION
(Water Code § 50731.6)
NOMINATION OF CANDIDATE
LAND ASSESSMENT SEAT

We, the undersigned voters of Reclamation District No. 1000, hereby nominate
_____ for the office of Trustee, Land Assessment Seat, of said
Reclamation District No. 1000 for a term of four (4) years.

Name	Date	Residence	Signature

Name	Date	Residence	Signature

Name	Date	Residence	Signature

Name	Date	Residence	Signature

Name	Date	Residence	Signature

Name	Date	Residence	Signature

Name	Date	Residence	Signature

Note: ALL pages of this petition must be filled out to be considered complete.

**AFFIDAVIT OF
CIRCULATOR**

State of California)
County of _____) ss.

_____, (name of circulator), being duly sworn, deposes and says: That (he/she/they) circulated the foregoing petition and saw all the signatures appended thereto and knows that they are signatures of the persons whose names they purport to be.

(Signature of circulator)

Subscribed and sworn to before me this ___ day of _____, 2024.

Notary Public in and for the County
of _____, State of California
(county)

My commission expires _____.

**AFFIDAVIT OF
NOMINEE**

State of California)
County of _____) ss.

_____, (name of nominee), being duly sworn, says that (he/she/they) is/are the above-named nominee for the office of TRUSTEE, that (he/she/they) will accept the office in the event of election, and desires (his/her/their) name to appear on the ballot as follows:

(Print name above)

That he/she/they desires the following occupational designation, containing not more than three words, to appear on the ballot under his/her/their name, and that this designation is correct.

(Print desired designation, if any, above)

(Signature of nominee)

Subscribed and sworn to before me this ___ day of _____, 2024.

Notary Public in and for the County
of _____, State of California
(county)

My commission expires _____.

California Jurat

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of _____)

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, _____
Date Month Year

by _____

Name of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature _____
Signature of Notary Public

Seal
Place Notary Seal above

-----Optional-----

Though this section is optional, completing this information can deter alteration of the document or fraudulent attachment of this form to an unintended document

Description of Attached Document

Title or Type of Document: _____

Document Date: _____

Number of Pages: _____

Signer(s) Other Than Named Above: _____

California Jurat

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State of California
County of _____)

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, _____
Date Month Year

by _____

Name of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature _____
Signature of Notary Public

Seal
Place Notary Seal above

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