

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

We, the undersigned voters of Reclamation District No. 1000, hereby nominate
_____ For the office of Trustee, Parcel Seat, of said
Reclamation District No. 1000

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.

_____, (print name of circulator), being duly sworn, deposes and says: That (he/she) 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)

**AFFIDAVIT OF
NOMINEE**

State of California)
County of _____) ss.

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

(Print name above)

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

(Print desired designation, if any, above)

(Signature of nominee)

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: _____

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County of _____)

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

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