



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 District 3 Councilmember 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 CALIFORNIA)

COUNTY OF MONTEREY)

On _____, before me, _____, Notary Public, personally appeared who executed this Affidavit of Residency. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing sentence is true and correct.

WITNESS my hand and official seal.

NOTARY PUBLIC – STATE OF CALIFORNIA

Place Notary Seal Above