| SIGNATURE (Do not print) and PRINTED NAME | SIG. DATE | SUN CITY STREET ADDRESS | MEMBER CARD NO. | EXP DATI |
|---|---------------|--|--------------------|-------------|
| 01) | | | | |
| Printed Name | | | | |
| 02) | | | | |
| Printed Name | | | | |
| 03) | | | | |
| Printed Name | | | | |
| 04) | | | | |
| Printed Name 05) | | | | |
| | | | | |
| Printed Name 06) | | | | |
| | | | | |
| Printed Name 07) | | | | |
| | | | | |
| Printed Name | | | | |
| rint name)holders signed his/her name and c | lated such be | certify that each of fore me and each wrote his/he | | |

PETITION CONTROL NO. _____

AFFIDAVIT OF PETITION CIRCULATOR

| I, | , being a Deeded Owner of the Sun City property |
|--|---|
| Printed Name of Circulator | |
| located at | , Sun City AZ, Zip Code |
| Street Address | Zip Code |
| a current RCSC Member in good standing | g with Member Card No |
| misleading statements or payments in sect that I informed petition signers, if asked, validation process of the petition. I did n under my immediate supervision, as I have every signature of each individual signing that I have asked any signers whose signal I understand that any misrepresentation of | , do solemnly swear that I did not use any intimidation uring any signatures on this petition form (see reverse side). And that they may withdraw their signatures at any time during the ot place this petition on any tables or counters for signature not e certified, as my legal obligation requires, that I have witnessed g. I acknowledge that all signatures have been made in ink and ture was illegible to print their name above their signature. If the process regarding this petition, may result in this petition by me to be considered false and unworthy of credit, therefore |
| Circulator's Signature | Date |
| ACKNOWLEDGMENT | |
| State of | |
| County of | |
| On before known to me or satisfactorily proven to be acknowledged that he/she voluntarily exe | me personally appeared be the person whose name is subscribed to this instrument and cuted the same. |
| Notary Public for | |
| My Commission Expires: | |
| Notary Public | |