PETITION TO THE CITY COUNCIL OF THE CITY OF DESERT HOT SPRINGS REQUESTING CREATION OF SPECIAL TAX AREA ZONE OF PROPERTY TO THE DESERT HOT SPRINGS SPECIAL PUBLIC SAFETY TAX AREA AND CONSENTING TO THE LEVY OF SPECIAL TAXES THEREON TO PAY THE COSTS OF SERVICES TO BE PROVIDED BY THE SPECIAL PUBLIC SAFETY TAX AREA

1. The undersigned Owner requests that the City Council of the City of Desert Hot Springs, initiate and conduct proceedings pursuant to Government Code Section 53978, for the establishment of Special Tax Area Zone of the property described below to the City of Desert Hot Springs Special Public Safety Tax Area and consents to the annual levy of special taxes on such property to pay the costs of services to be provided by the Special Public Safety Tax Area, which shall include police and fire protection services.

2. The undersigned hereby certifies that as of the date indicated opposite their signatures, the landowner listed herein is the owner of all the property within the proposed boundaries of the property described in Exhibit A hereto and as shown on the map Exhibit B hereto.

3. The undersigned waives any requirement for the mailing of the ballot for the special election and expressly agree that said election may be conducted by mailed or handdelivered ballot to be returned as quickly as possible to the designated election official, being the office of the City Clerk of the City Council and the undersigned request that the results of said election be canvassed and reported to the City Council at the same meeting of the City Council as the public hearing on the creation of the special tax area zone of the portion of the incorporated area of the City of Desert Hot Springs into the Special Public Safety Tax Area or the next available meeting.

4. The undersigned expressly waives all applicable waiting periods for the election and waives the requirement for analysis and arguments relating to the special election, and consents to not having such materials provided to the landowner in the ballot packet, and expressly waives any requirements as to the form of the ballot.

5. The undersigned expressly waives all notice requirements relating to hearings and special elections, whether by posting, publishing or mailing, and whether such requirements are found in the California Elections Code, the California Government Code or other laws or procedures, including but limited to any notice provided for by compliance with the provisions of Section 4101 of the California Elections Code.

6. The undersigned hereby consents to and expressly waives any and all claims based on any irregularity, error, mistake or departure from the provisions of the Act or other laws of the State and any and all laws and requirements incorporated therein, and no step or action in any proceeding relative to the creation of the special tax area zone of the portion of the incorporated area of the City of Desert Hot Springs into the Special Public Safety

Tax Area or the special election therein shall be invalidated or affected by any such irregularity, error mistake or departure.

IN WITNESS WHEREOF, I hereunto set my hand this  $\frac{4}{1}$  day of  $\frac{Dec}{2017}$ .

[NAME OF LANDOWNER]

By:

Name: Robert Haro Title:

OWNER'S PROPERTY: 663-280-005

TRACT MAP OR PARCEL MAP NO. or PROJECT NO.

OWNER'S MAILING ADDRESS:

3951 Medford Street

Los Angeles CA 90063

FILED IN THE OFFICE OF THE CITY CLERK OF THE CITY COUNCIL OF THE CITY OF DESERT HOT SPRINGS THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_.

Deputy City Clerk of the City Council of the City of Desert Hot Springs

PLEASE SEE NOTARY ATTACHMENT

## **ALL- PURPOSE** CERTIFICATE OF ACKNOWLEDGMENT

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 Riverside

On December 4, 2017 before me, Jocelyn Lopez, Notary Public (Here insert name and title of the officer)

personally appeared \_\_\_\_\_ Robert Haro who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s)(s)are subscribed to the within instrument and acknowledged to me that (he)she/they executed the same infinis/her/their authorized capacity(ies), and that by (his)her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Notary Public Signatu



INSTRUCTIONS FOR COMPLETING THIS FORM

he/she/they,- is /are ) or circling the correct forms. Failure to correctly indicate this

• The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.

· Signature of the notary public must match the signature on file with the office of

Additional information is not required but could help to ensure this

acknowledgment is not misused or attached to a different document.

(Notary Public Seal)

## ADDITIONAL OPTIONAL INFORMATION This form complies with current California statutes regarding notary wording and, DESCRIPTION OF THE ATTACHED DOCUMENT if needed, should be completed and attached to the document. Acknolwedgents from other states may be completed for documents being sent to that state so long as the Parcel/Owner Information Sheet wording does not require the California notary to violate California notary law. (Title or description of attached document) · State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment. California Acknowledgment • Date of notarization must be the date that the signer(s) personally appeared which (Title or description of attached document continued) must also be the same date the acknowledgment is completed. The notary public must print his or her name as it appears within his or her Number of Pages \_\_\_\_\_ Document Date\_\_ commission followed by a comma and then your title (notary public). · Print the name(s) of document signer(s) who personally appear at the time of notarization. · Indicate the correct singular or plural forms by crossing off incorrect forms (i.e.

## CAPACITY CLAIMED BY THE SIGNER

Individual (s) □ Corporate Officer

(Title) Partner(s)

- □ Attornev-in-Fact
- Trustee(s)
- Other \_

Indicate title or type of attached document, number of pages and date. Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).

- 2015 Version www.NotaryClasses.com 800-873-9865
- · Securely attach this document to the signed document with a staple.

information may lead to rejection of document recording.

the county clerk.

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