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AFFIDAVIT OF RESIDENCY

Name
Address
City, State, Zip
Phone

STATE OF FLORIDA
COUNTY OF ALACHUA

I, the undersigned candidate for City Commission of the City of High Springs, do hereby certify that I am a registered voter and reside within the City of High Springs.

Signature of Candidate

Sworn to and subscribed before me this _____ day of _____, 2024.

Signature of Notary Public

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____