

MUNICIPALITY

Taxpayer Protection Pledge

I, _____, pledge to the taxpayers of the municipality of _____

I will oppose and vote against any and all efforts to increase taxes.

SIGNATURE

WITNESS

DATE

WITNESS



Signed Pledges may be scanned and e-mailed to pledges@atr.org, OR faxed to: AMERICANS FOR TAX REFORM | (202) 785-0266 | FAX (202) 785-0261
722 12th Street NW, Washington, DC 20005