AFFIDAVIT OF _____

Full Legal Name

REQUEST TO WITHDRAW NAME FROM PETITION

STATE OF TEXAS

COUNTY OF WILLIAMSON

I, _____, being duly sworn, depose and state as follows:
First Middle Last

1. I am the affiant in this affidavit.

2. I am competent to make this affidavit and to testify under oath concerning the facts stated in it.

3. My date of birth is _____.
DOB

OR

4. My voter registration number is _____.
Voter Registration Number

5. My residence address is:_____.
Street Address, City , State. Zip code and County

6. On or about _____, I signed a petition proposing to reduce the
Date
Williamson County ESD No. 3 sales and use tax from 2% to 0.25%.

7. The petition is identified as: Petition to Call an Election to Decrease the Rate of the Local Sales and Use Tax of Williamson County Emergency Services District No. 3.

8. Pursuant to Section 277.022 of the Texas Election Code, I hereby request that my name be removed and withdrawn from the petition.

9. I do not authorize the use of my name or signature in support of the petition.

10. I request that Williamson County Emergency Services District No. 3 treat my name and signature as withdrawn from the petition and exclude them from any count or determination based on the petition.

11. I understand that this affidavit is being submitted to Williamson County Emergency Services District No. 3 for that purpose.

12. I request that Williamson County Emergency Services District No. 3 provide written confirmation of its receipt of this affidavit at _____.
Mailing address or email address.

13. I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

I understand that my name will be considered withdrawn from the above-named petition only if I submit this request before the petition is submitted to Williamson County Emergency Services District No. 3.*

Signature: _____ Date:_____

Signed in: _____
County, State

*Individuals may also delete their name on the petition itself rather than filing this withdrawal request, but such a deletion must be done prior to the petition being filed with Williamson County Emergency Services District No. 3.

SWORN TO AND SUBSCRIBED before me by _____ on this _____ day of _____2026.

_____
Notary Public, State of Texas
My Commission Expires: _____

Notary Seal

For District Use:

Date received: _____ Received prior to filing of petition: Y / N

Confirmation of Receipt Sent on _____ to _____
Date mailing or email address

Name of Petition: Petition to Call an Election to Decrease the Rate of the Local Sales and Use Tax of Williamson County Emergency Services District No. 3.