



AFFIDAVIT OF RESIDENCE

Name NEIDA MENDOZA

Street Address [REDACTED]

City, State SANTA ANA, CA

Zip 92704

Date 7/18/2022

CLERK OF THE COUNCIL
AUG 8 '22 AM 9:25

To Whom This May Concern,

I, NEIDA MENDOZA formally acknowledge living at the street address of _____
[REDACTED], City of SANTA ANA,
State of CA since September, 1990

I have attached the following documents for your consideration showing no less than 30 days of residency address from date of signing this affidavit:

Proof of Home Ownership/Rental Property

Proof of Motor Vehicle Registration

Utility Bill – electric, water, sewer, refuse, internet, cable TV or landline phone services

Other: _____

Furthermore, I swear and affirm under penalty of perjury that the facts set forth in this statement are true and accurate. Executed this 18TH day of July, 2022, in SANTA ANA, California.

[REDACTED SIGNATURE]
Declarant's signature

NEIDA MENDOZA

Declarant's name (printed)

ADOPTED BY RESOLUTION NO. 2020-041
ON MAY 19, 2020