

AFFIDAVIT OF CIRCULATOR

Commonwealth of Pennsylvania} }ss:
County of Westmoreland }

(I) (We), _____, do swear
(or affirm) that (I am) (we are) resident(s) of Hempfield
Township, that (my) (our) residence is _____
and that (I) (we) know or are familiar with the signers of
the foregoing petition, that the foregoing petition was
signed in (my) (our) presence and that the signers of the
foregoing petition signed the same with full knowledge of
the contents thereof.

Sworn and subscribed before me this
___ day of _____, 19__.

Official Title

My Commission Expires: