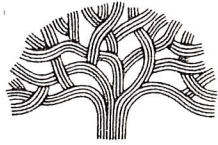


CITY OF OAKLAND



OFFICE OF BUDGET AND FINANCE • 150 FRANK OGAWA PLAZA • OAKLAND, CALIFORNIA 94612

Revenue Audit Section

(510) 238-3084
FAX (510) 238-6431
TDD (510) 839-6451

**LANDSCAPE AND LIGHTING ASSESSMENT DISTRICT
NO-INCOME AFFIDAVIT
(Tax Year)**

Parcel # _____

Property Address _____

TO BE COMPLETED BY OWNER

Owner(s) name _____

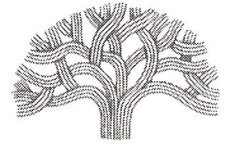
Social Security No. _____

I, _____ declare under penalty of perjury that I have not
received any income during the tax year(s) _____.

Owner Signature

Date _____

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**LANDSCAPE AND LIGHTING ASSESSMENT DISTRICT
NO-INCOME AFFIDAVIT
(Tax Year)**

TO BE COMPLETED BY HOUSEHOLD MEMBER

Name of person (declaring no income) _____

Social Security No. _____

I, _____ declare under penalty of perjury that I have not received any
income during the tax year(s) _____.

Household Member Signature

Date _____