

*Municipality*

# Taxpayer Protection Pledge

I, \_\_\_\_\_, pledge to the taxpayers of the municipality of \_\_\_\_\_

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

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Witness

\_\_\_\_\_

Witness

Signed Pledges may be scanned and e-mailed to [pledges@atr.org](mailto:pledges@atr.org),

**OR faxed to:**

AMERICANS FOR TAX REFORM

PHONE (202) 785-0266 FAX (202) 785-0261

722 12th Street NW, Washington, DC 20005