ELECTION 1-800-289-9981	CY OF KIN S DEPART ext. 4401 / 559-85 (559) 585-8453	MENT	Lupe Villa Registrar of Voters 1400 W. Lacey Blvd. Bldg. #7 Hanford, California 93230 Elections@CountyofKings.com
Authorization	n for Alternate	e Rebutta	al Author
I,(Print name of the original Auth	nor of the Argument)	, authorize	the person listed below to
sign the rebuttal to the argument	in favor of (check one)	against	Measure at
the election for	or the	(jurisdiction)	to be held on
(date)			
Signature of Original Author:			Date:
	Rebuttal Autho	r	
(Printed Name of Rebuttal Author)			
(Signature of Rebuttal Author)			
(Print T	itle and Name of Organization of	Rebuttal Author)	

(Date)