

Northcrest Civic Association Proxy Form

I,		, is	the resident of			
First Name Last Name			Street Address			
			. I am entitled to vote	in any Northcre	st Civic	
City	State	Zip				
Association n	neetings. I, the	e resident, am a	ssigning		the authority to	
			First Name	Last Name		
vote on my be	ehalf with any	issues discusse	ed at the annual member mee	eting.		
personally pre	esent at the an	nual meeting.				
Date			Witness Name			
Date			First Name Last 1	Name		
Signature of Resident			Signature of Witness	Signature of Witness		