



**Ballot on Assessment for the establishment of the  
property-based business improvement district known as the  
“Ocean Avenue Community Benefit District”**

**«Barcode»**

Assessor's Parcel Number: \_\_\_\_\_ Address of Parcel: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_

Proposed Assessment for this Parcel Beginning 2025-2026 Fiscal Year: \_\_\_\_\_ of Total: \$ \_\_\_\_\_

Proposed Range or Inflation Adjustment Formula: Each year, beginning with FY 2026/27, the Association may increase maximum assessment rates by up to 5% per year, or by the change in the Consumer Price Index for All Urban Consumers (CPI-U) for the San Francisco-Oakland-Hayward area for February, whichever is less. If, in the future, the Bureau of Labor Statistics discontinues or alters the CPI-U, the City and County Office of Economic Workforce Development (“OEWD”) shall select a comparable index as a replacement. In no event shall the maximum assessment rates decrease. The assessment shall be levied at rates necessary to generate sufficient revenue to meet the estimated costs to fund the Improvements, as long as the actual assessment rates do not exceed the maximum assessment rates for that fiscal year.

**Instructions for Completing and Delivering this Ballot**

\*To express your view on the proposed assessment and the proposed range or inflation adjustment, check above the line before the word “YES” or “NO” below, then sign and date the ballot.

\_\_\_\_\_ Yes, I approve the proposed annual assessment described above on the parcel identified in this ballot, and I understand that my assessment could be subject to the inflation adjustment formula described above.

\_\_\_\_\_ No, I do not approve the proposed annual assessment, on the parcel identified in this ballot, nor the inflation adjustment formula described above.

I hereby declare by penalty of perjury that I am a record owner or authorized agent for the record owner of the parcel listed above.

\_\_\_\_\_  
Signature of Owner of Record, or Authorized Agent \_\_\_\_\_ Date

\_\_\_\_\_  
Print Name of Owner or Authorized Agent: If Agent of Owner, State Authorization

**\*After completing your ballot, please mail to:**

**Director  
Department of Elections  
P.O. Box \_\_\_\_\_  
San Francisco, CA 94142-2189**

**To hand deliver, please use the following address:**

**Director  
Department of Elections  
City Hall  
1 Dr. Carlton B. Goodlett Place, Room 48  
San Francisco, CA 94102**

Ballots may also be delivered to the Director at the Public Hearing prior to the close of public testimony.

\*Ballots may be sent or delivered to the Director at any time, but MUST be received in the mail not later than 12 P.M. (noontime) on the day of the public hearing or in person before the conclusion of the public testimony portion of the public hearing on the proposed assessment and assessment range. That hearing is set for 3:00 p.m. on July 8, 2025. Ballots received after that time will only be counted if the Board elects to continue public comment until a later date.

No. «Parcel\_Count»