Excelsion	Commi	unity	Benefit	District

AFFIDAVIT of Identification (Property Owner)

I,	, the undersigned, declare that I am
authorized to cast a ballot for the fo	ollowing parcel identified as:
	, as either co-owner or agent to payment of the reference the proposed Property and Business
	as the "Excelsior Community Benefit
	the day of, 20, in the is true and correct.
Signature Property Owner/Co-Prop	perty Owner/Authorized Agent
Print Name Business Owner/Co-O	wner/Authorized Agent