



**Ballot on Assessment for the establishment of the  
property-based business improvement district known as the  
“Greater Rincon Hill 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 2015-2016 Fiscal Year: \_\_\_\_\_ of Total: \$ \_\_\_\_\_

Proposed Range or Inflation Adjustment Formula: The amount of the total annual assessments to be levied and collected for years two through fifteen (fiscal years 2016-2017 through 2029-2030) may be increased from one year to the next by a percentage that does not exceed either the change in the Consumer Price Index for All Urban Consumers in the San Francisco-Oakland-San Jose Consolidated Metropolitan Statistical Area (the “CPI”), or three percent (3%), whichever is less. In addition, to account for new assessments from potential future development in the District, the assessment for each of years two through 15 of the District may be increased by not more than 5% of the prior year’s assessment, including any CPI adjustment for the prior year, for a total maximum increase of 8%.

**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 28, 2015. Ballots received after that time will only be counted if the Board elects to continue public comment until a later date.

No. «Parcel\_Count»