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Legal Owner: MI	JSICIANS UNION LOCAL #6			
APN	Parcel Address (if known)	Parcel A	Assessment	Parcel %
3509 002	116 09TH	\$1,117.	20	0.03%
		Totals: \$1,117.	20	0.03%
	tition the Board of Supervisors to initiate spe not petition the Board of Supervisors to initi			
Beth	Bare	9	9/25/18	
Signature of Own	er or Authorized Representative		Date	
Print Name of Ow	rner or Authorized Representative	Representative C	Contact Phone or Em	ail

PLEASE RETURN TO:
SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD\* (hereafter "Plan").
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Legal Owner: 16	55 10TH ST LLC			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3509 014	165 10TH		\$2,877.54	0.08%
		Totals:	\$2,877.54	0.08%
Personal Per	etition the Board of Supervisors to initiate spe not petition the Board of Supervisors to initia			
Signarure of Own	er or Authorized Representative		3/23/2018	
USA GEH	PAND, 165 1019 ST UC	и	SA @ SELFANO-	PARTNERÍ, COM

#### PLEASE RETURN BY APRIL 20, 2018 TO:

Print Name of Owner or Authorized Representative

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Representative Contact Phone or Email

Email: aaron@urbanplaceconsulting.com

### PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ESTABLISH THE

#### SoMa West COMMUNITY BENEFIT DISTRICT

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Legal Owner: SAI	MUEL & DAPHNE NOILY			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3509 015C	123 10TH		\$3,027.41	0.08%
		Totals:	\$3,027.41	0.08%
	ition the Board of Supervisors to initiate spenot petition the Board of Supervisors to initi			
D. Signature of Owner	Mald Box of Authorized Box of Authorized Box of Authorized Box of		4/3/201 Date	8
	er or Authorized Representative		415-92Z	2.27.4
Print Name of Ow	ner or Authorized Representative	Represe	entative Contact Phone or Em	

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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Legal Owner: WA	ALDMAN FAMILY PARTNERSHIP			
APN	Parcel Address (if known)	. Parcel As	ssessment	Parcel %
3509 041	113 10TH	\$2,620.8	2	0.07%
		Totals: \$2,620.8	2	0.07%
Production 1	ition the Board of Supervisors to initiate spenot petition the Board of Supervisors to initi			
Signature of Own	Algebrase Representative		3/2018 Date	,
DAN 1	VALDMAN  ner or Authorized Representative	415 9	22 222	-4

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

### PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ESTABLISH THE

#### SoMa West COMMUNITY BENEFIT DISTRICT

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Legal Owner: SEI	DEL KEVIN A & JULIE			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3510 027	955 NATOMA		\$848.46	0.02%
		Totals:	\$848.46	0.02%
Yes, I pet	tition the Board of Supervisors to initiate spe	ecial assessment p	proceedings.	
	not petition the Board of Supervisors to initia			
	10	1		
>	7 1 21			
$\rightarrow$		4,	2.2018	
Signature of Own	er of Authorized Representative		Date	
JULE =	FEVIN VEIDEL	415	238-2921	
0.111	ner or Authorized Penresentative	0	entative Contact Phone or Er	

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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Legal Owner: SF	AIKIDO LLC FRIEDMAN JAMES	
APN	Parcel Address (if known)	Parcel Assessment Parcel %
3510 044	141 11TH	\$1,096.77 0.03%
		Totals: \$1,096.77 0.03%
	tition the Board of Supervisors to initiate s not petition the Board of Supervisors to in	
- / V	ner or Authorized Representative	3/20/21 E Date
Jan	IES FRIEDMAN	STAIRIDO CO GMAIL. CO

#### PLEASE RETURN BY APRIL 20, 2018 TO:

Print Name of Owner or Authorized Representative

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Representative Contact Phone or Email

Email: aaron@urbanplaceconsulting.com

### PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ESTABLISH THE

### SoMa West COMMUNITY BENEFIT DISTRICT

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	NH PHAT MAK HK LLC			
APN	Parcel Address (if known)	Parcel Ass	sessment	Parcel %
3510 059	120 10TH	\$1,593.72	2	0.049
		Totals: \$1,593.72	2	0.049
	tition the Board of Supervisors to initiate spe			
13		2/20	6/18	
signature of Own	er or Authorized Representative	/(	Date	
Rivad	er or Authorized Representative		Date 92.500	0

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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Legal Owner: CANTU MATTHEW J & OYE EMIKO			
APN Parcel Address (if known)		Parcel Assessment	Parcel %
3510 062 940 NATOMA		\$183.33	0.00%
		*	
	Totals:	\$183.33	0.00%
Yes, I petition the Board of Supervisors to initiate spec	ial assessment r	proceedings.	
res, reduction are board of supervisors to minute spec	iai assessinene p	,, o d d d d l l l l l l l l l l l l l l l	
No, I do not petition the Board of Supervisors to initiat	e special assess	ment proceedings.	
Matth C	271	212210	
	05/1	2/2018	<del></del>
Signature of Owner or Authorized Representative		Date	
			,
Matthew Cantu	Som	a. West. abd @	cantu.org
Print Name of Owner or Authorized Representative	Represe	ntative Contact Phone or	Email

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

### PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ESTABLISH THE

#### SoMa West COMMUNITY BENEFIT DISTRICT

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Legal Owner: EL	LISON PAUL M					
APN	Parcel Address (if known)	Р	arcel Assessm	ent Parce	1%	(4) 1 ×
3510 066	940 NATOMA #6	\$	183.20	0.00%		
		Totals: \$	183.20	0.00%		
	etition the Board of Supervisors to initiate spe			gs.		
-0						
Signature of Own	ner or Authorized Representative	_3/	30/18	<u> </u>	-	
PAUL	EUISON	ell	150n	aul ma)	Mail	l.com
Print Name of Ov	wner or Authorized Representative	Represent	ative Contact	Phone or Email	)	

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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Legal Owner: GAUTIER SF COMM PROPERTY APN Parcel Address (if known) **Parcel Assessment** Parcel % 3511 021 1566 HOWARD 0.02% \$790.00 Totals: \$790.00 0.02% Yes, I petition the Board of Supervisors to initiate special assessment proceedings. No, I do not petition the Board of Supervisors to initiate special assessment proceedings. September 26,2018 gnature of Owner or Authorized Repr esentative gautier properties @gmal. com

PLEASE RETURN TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

The full SoMa West CBD Management Plan and Engineer's Report can be found at http://www.somawestcbd.org. For more information regarding formation of the SoMa West CBD, or if you believe any of the information stated in this petition is incorrect, please contact Aaron Aulenta at aaron@urbanplaceconsulting.com.

Print Name of Owner or Authorized Representative

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Legal Owner: MI	URPHY TRUST MURPHY THOMAS F	& MARTINA	
APN	Parcel Address (if known)	Parcel Assessmen	t Parcel %
3511 025	155 12TH	\$2,570.44	0.07%
3727 205	637 NATOMA	\$293.76	0.01%
		Totals: \$2,864.19	0.08%
	Λ		
4		3 23/2	918
Signature of Own	er or Authorized Representative	Date	
Tax			
(om	MURPHY	(on@ARALON	V PROPERTIES. CO.

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

### PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ESTABLISH THE

#### SoMa We stCOMMUNITY BENEFIT DISTRICT

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APN	Parcel Address(if known)	Parce I Asse same nt	Parcel 9
3511 054	AND ADDRESS OF THE PARTY OF THE	0.01%	
		Totals: \$562.73	001%
Vas I not	ition the Board of Supervisors to initiate spe	rial assessment proceedings	
	illion the board of Supervisors to initiate spe		
_	not petition the Board of Supervisors to initia		
=			
=		ate special assessment proceedings.	
No, I do I	not petition the Board of Supervisors to initia	ite special assessment proceedings.	
No, I do I		ate special assessment proceedings.	
No, I do	not petition the Board of Supervisors to initia	ite special assessment proceedings.	-007

miriam@tedsmarket.com

#### PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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Legal Owner: ROSENTHAL & ANDERSON LVG TRROSENTHAL HENRY SIGMUND&AND

Print Name of Owner or Authorized Representative

APN	Parcel Address (if known)	,	Parcel Assessment	Parcel %
3511 060	1034 NATOMA		\$683.72	0.02%
3511 068A	1037 MINNA		\$206.27	0.01%
3511 068B	1039 MINNA		\$303.49	0.01%
3511 069	1033 MINNA		\$193.78	0.01%
3511 069A	1035 MINNA		\$206.27	0.01%
		Totals:	\$1,593.54	0.04%

Yes, I petition the Board of Supervisors to initiate specific No, I do not petition the Board of Supervisors to initiate.	
Signature of Owner or Authorized Representative	3/30/2018 Date
HENRY S. ROSENTHAL	HENRYROSENTHAL @ MAC. Com

PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD\* (hereafter "Plan").
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- 4. We understand that upon receipt of this petition signed by property owners (or authorized representative of property owners) who will pay more than thirty percent (30%) of the proposed assessments, the Board of Supervisors may initiate proceedings to renew and expand the District. These proceedings will include balloting of property owners under which majority of weighted property owners who return a ballot may authorize the Board of Supervisors to renew and expand the District. This petition does not represent a final decision.

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3511 061	1040 NATOMA	\$615.97	0.02%
		Totals: \$615.97	0.02%
Yes, I per	tition the Board of Supervisors to initiate spe	ecial assessment proceedings.	
No, I do	not petition the Board of Supervisors to initi	iate special assessment proceedings.	
0.	0 1	1 1	
AL IN	2 th	3/30/2018	
OL M Signature of Own	Add er or Authorized Representative	3/30/2018 Date	
		Date	
	er or Authorized Representative  ROSENTHAL		AL@MAC, CON

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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Legal Owner: 35	-41 LAFAYETTE 16 LLC			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3511 066	35 LAFAYETTE		\$1,906.96	0.05%
		Totals:	\$1,906.96	0.05%
	etition the Board of Supervisors to initiate spec			
No, I do	not petition the Board of Supervisors to initia	te special assess	sment proceedings.	
			4/2/18	
Signature of Owr	ner or Authorized Representative		Date	
TUERON	2400	is	hæmakere veri	fes inc. com

#### PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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APN	Parcel Address (if known)	a.	Parcel Assessment	Parcel %
3511 068	1041 MINNA		\$194.55•	0.01%
		Totals:	\$194.55	0.01%
Yes, I pe	tition the Board of Supervisors to initiate spe	cial assessment	proceedings.	
No, I do	not petition the Board of Supervisors to initia	ate special assess	sment proceedings.	
0/11	At		3/30/2018	
Signature of Own	er or Authorized Representative	-	Date	
11-		110		
HENDY	ROSENTHAL	HEI	WRYROSENTHALCO	of My Con
IIVIVI-12,	1532N11117C	1)	" IN SLW , ITISLE	1000

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SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3511 084	1022 NATOMA	\$396.57	0.01%
		Totals: \$396.57	0.01%
Yes, I pet	tition the Board of Supervisors to initiate spe	ecial assessment proceedings.	
	not petition the Board of Supervisors to initi		
No, ruo	not petition the Board of Supervisors to mid	ate special assessment proceedings.	
_ 1.5	0 -	,	1 -
MIC	hard (h	10/20	12018
Signature of Own	er or Authorized Representative	Date	

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Legal Owner: STA	ANLEY SAITOWITZ TRUST 201STANLEY SAIT	OWIT TRUSTEE	
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3511 086	1022 NATOMA	\$469.67	0.01%
		Totals: \$469.67	0.01%
00	1.		
100	arlon	3-20-	2018
	er or Authorized Representative	Date	
5. 51	PITOWITZ	415 608 8	3078
Print Name of Ow	ner or Authorized Representative	Representative Contact Phone or	Email

#### PLEASE RETURN BY APRIL 20, 2018 TO:

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Email: aaron@urbanplaceconsulting.com

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Legal Owner: FI	SHER CYNTHIA V				
APN	Parcel Address (if known)		**	Parcel Assessment	Parcel %
3511 088	83 LAFAYETTE	1		\$196.66	0.01%
		i	otals:	\$196.66	0.01%
	etition the Board of Supervisors to initiate sp not petition the Board of Supervisors to init				
Cuntin	12\D			3/3/1/8	
Signature of Owr	ner or Authorized Representative	_		Date	
Cynthi	a Fisher		CY	nufish@a	mail com
Print Name of Ov	wner or Authorized Representative	F	epres	entative Contact Phone	or Email

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San Francisco, CA 94141-0805
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Legal Owner: JO	BLING MICHAEL F		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3511 091	1065 NATOMA	\$435.97	0.01%
		Totals: \$435.97	0.01%
=	tition the Board of Supervisors to initiate spe		
No, I do	not petition the Board of Supervisors to initi	te special assessment proceedings.	
NAL	*	The look	
Signature of Own	er or Authorized Representative	Date	
discourse	T1	Mjobling@gma	1 0-10
MUMME			11.///////
	vner or Authorized Representative	Representative Contact Pho	

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Legal Owner: BU	JTTERFOSS RYAN T & JENNIFE		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3511 092	1067 NATOMA	\$386.98	0.01%
		Totals: \$386.98	0.01%
Yes, I pe	tition the Board of Supervisors to initiate spec	ial assessment proceedings.	
=	not petition the Board of Supervisors to initiat		
140,140	not petition the board of Supervisors to initiat	e special assessment proceedings.	
1	11 1 10 14	1 1.0	
final	Thun Dully	0/30/18	
Signature of Own	efor Authorized Representative	Date	
Jenife	VILC BYXOCESS	jennifer@butter	Foss. Com
	port portotos	Barres at the Contact Phone of E	

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Legal Owner: HE	WETT ROGER & DIANA				
APN	Parcel Address (if known)			Parcel Assessment	Parcel %
3511 100	1095 NATOMA		(4) ×	\$232.86	0.01%
			Totals:	\$232.86	0.01%
Yes, I pet	tition the Board of Supervisors to initiate sp	ecial asse	ssment	proceedings.	
			,		
No, I do	not petition the Board of Supervisors to init	iate speci	al assess	sment proceedings.	
0 -	11		• _		
1 Julier	Skeller		_/	March 20, 2	018
Signature of Own	er or Authorized Representative			Date	
, ,	11				
Diana	Hewett			559 924-2762	2
Print Name of Ow	ner or Authorized Representative		Represe	entative Contact Phone or Em	ail

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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Legal Owner: JA	COBS JAMES A & HARRIS CHR		
APN	Parcel Address (if known)	Parcel Assessme	ent Parcel %
3511 101	1095 NATOMA	\$228.04	0.01%
		Totals: \$228.04	0.01%
	tition the Board of Supervisors to initiate spontage and the Board of Supervisors to initi		s.
Signature of <b>O</b> wn	A A Marized Representative	y v	1 (8
	G A. JMOBS		acous@gmail.com
Print Name of Ow	vner or Authorized Representative	Representative Contact F	none or Email

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805

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Legal Owner: HO	DAG DIDRICK & GAY CARYL		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3511 103	0	\$228.28	0.01%
		Totals: \$228.28	0.01%
	tition the Board of Supervisors to initiate spenot petition the Board of Supervisors to initi		
Cer	4/	3/26/18	
Signature of Own	er or Authorized Representative	Date	
	say	Cary gay & gm Representative Contact Phone	ail.com
Print Name of Ow	ner of Authorized Representative	Representative Contact Phone	or Email

#### PLEASE RETURN BY APRIL 20, 2018 TO:

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Legal Owner, MICE BRADEORD D

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3511 113	1025 MINNA	\$198.34	0.01%
		Totals: \$198.34	0.01%
Yes, I pe	tition the Board of Supervisors to initiate spe	cial assessment proceedings.	
7			
No, I do	not petition the Board of Supervisors to initia	ate special assessment proceedings.	
0 1	1111	10110	
RM	and	10/3/18	
Rand Signature of Own	er or Authorized Representative	10/3/18 Date	
	er or Authorized Representative	10/3/18 Date hisesfagmail.	com

PLEASE RETURN TO:

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Legal Owner: B	ERNSTEN DEENIE		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3511 114	1025 MINNA	\$203.69	0.01%
		Totals: \$203.69	0.01%
Yes, Ip	etition the Board of Supervisors to initiate spec	ial assessment proceedings.	
7			
No Mad	o not petition the Board of Supervisors to initiat	e special assessment proceedings.	
	14/4///		/
Al		9/21/	14
Signature of 60	er or Authorized Representative	Date	
111	11/000		
HOW	rough Griffith		-2090
Print Name of O	wher or Authorized Representative  A CO Proper y Owne PLEA	Representative Contact Phon	e or Email
Husha	of to Proporty owner		It you call
110.750	1/2 200 200 200 200 200 200 200 200 200 2	SE RETURN TO:	lewe a ressoge or else III assume its a goliator.
		Ma West CBD	ele TII assure
	P.C	D. BOX 410805 cisco, CA 94141-0805	1
	Email: aaron@	urbanplaceconsulting.com	115 a 9011alor-

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Legal Owner: STANLEY SAITOWITZ STANLEY TSAITOWITZ STANLEY TRUSTEE

Print Name of Owner or Authorized Representative

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3511 122	1028 NATOMA	\$255.29	0.01%
3511 123	1028 NATOMA	\$263.36	0.01%
3511 124	1028 NATOMA	\$263.36	0.01%
3511 125	1028 NATOMA	\$244.47	0.01%
		Totals: \$1,026.48	0.03%

Yes, I petition the Board of Supervisors to initiate special assessment proceedings.  No, I do not petition the Board of Supervisors to initiate special assessment proceedings.				
Maclony Signature of Owner or Authorized Representative	3 - 70 - 2018 Date			
5. SAITOWITZ	415 608 89-18			

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Representative Contact Phone or Email

Email: aaron@urbanplaceconsulting.com

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Legal Owner: SM	ALL MATTHEW B		
APN	Pan el Address (if known)	Parcel Assessme	nt Parcel %
3511 128	MINNA 1042 Minna #1	\$327.36	0.01%
		Totals: \$327.36	0.01%
Yes, I peti	tion the Board of Supervisors to initiate specia	al assessment proceedings.	
No, I do n	of petition the Board of Supervisors to initiate	e special assessment proceedings	i.
0		2/20/2	
		3/28/20	8
Signature of Chang	r or Authorized Representative	/ Date	
1/4	allhow Small	onsmall egmai	1

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: BL	ASS CHRISTOPHER		
APN	Parcel Address (if known)	Parcel Asse	essment Parcel %
3511 162	1029 NATOMA	\$213.84	0.01%
#			
	<sup>36</sup> 1 841.0	Totals: \$213.84	0.01%
No, I do	not petition the Board of Supervisors to initi	ate special assessment procee	edings.
Signature of Own	ner or Authorized Representative	9 21 Da	8 18 ate
CHUS	T. BLASS	Representative Cont	5)722-9036

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3511 164	1029 NATOMA-	\$213.84	0.01%
•		Totals: \$213.84	0.01%
Z	etition the Board of Supervisors to initiate spe		
No, I do	not petition the Board of Supervisors to initi	ate special assessment proceedings.	
fm)	not petition the Board of Supervisors to initi	ate special assessment proceedings.	

#### PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: COSTELLO-GOOD JESSE		
APN Parcel Address (if known)	Parcel Assessme	nt Parcel %
3511 184	\$333.95	0.01%
3511 185	\$321.18	0.01%
	Totals: \$655.13	0.02%
No, I do not petition the Board of Supervisors to initiate spo	ecial assessment proceedings	
Jan Cook ful	3/12/18	
Signature of Owner or Authorized Representative	Date	

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SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: H	AZLEWOOD JENNIFER		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3511 186		\$291.99	0.01%
		Totals: \$291.99	0.01%
J	etition the Board of Supervisors to initiate spe o not petition the Board of Supervisors to initi		
Signature of Own	ner or Authorized Representative	3125/ Date	18
Jamail	Per Hazlewood	) ac	gahoo, com

#### PLEASE RETURN BY APRIL 20, 2018 TO:

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P.O. BOX 410805
San Francisco, CA 94141-0805
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shown on the attached map and in the Management Plan for the SoMa West CRD* (hereafter "Plan")	
2. We are or represent the persons and/or entities that would be obligated to pay the special assessments for the service:	s,
	• •

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egal Owner. 286	TWELFTH STREET LEC RONALD BUTTENE	ERG		
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3515 009	286 12TH		\$831.33	0.02%
	*.	Totals:	\$831.33	0.02%
	not petition the Board of Supervisors to initiate spe			
	N Brance		5.20-	10

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805

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be named the "So shown on the atta 2. We are or repre improvements and	ner(s) of property, or are Ma West Community Bo sched map and in the Ma esent the persons and/o d activities as described	enefit District" (he magement Plan (c or entities that wo in the Plan. If the	ereafter "SoMa West or or the SoMa West ould be obligated to proposed District	est CBD" or "District" CBD* (hereafter "Plar pay the special assessis established by the	), the boundaries of "") isments for the serv Board of Supervisors	which are ices, s following
	and public hearing, asse					
	ose collected assessment oint the District would te			if the assessment coll	ection period (Dece	mber 31,
- 15	Board of Supervisors to			proceedings in accord	lance with applicabl	e state and
	nia Streets and Highways					
	City and County of San	Francisco Dusines	s and Tax Regulation	on Code Article 15 "B	usiness Improvemen	ıl Distr <b>ict</b>
Procedure Code").	I that upon receipt of thi	is netition signed	hy property owner	s (or authorized repr	ecentative of proper	ty owners)
	than thirty percent (30)					
	the District. These pro-					
property owners v	who return a ballot may					
not represent a fir	nal decision.					
Legal Owner: BRA	AVER GEORGE F 96	RONALD RUTTEN	IDERG			
APN	Parcel Address	(if known)		Parcel Assessment	Par	cel %
3515 038	260 12TH			\$1,685.90		0.04%
		5	Totals:	\$1,685.90		0.04%
Yez, I pet	ition the Board of Super	visors to infilate s	pecial assessment ;	proceedings.		
7						
No, I do n	not petition the Board of	Supervisors to ihi	itiate special assess	sment proceedings.		
Q also	N Breuge	1		5-2	0-18	
Signature di Owne	Attorney in	entative fact	5 <del></del>	Date		
7	Janet Bray	ar		Janet	e braye	ronet
Print Name of Ow	ner or Authorized Repre	sentative	Represe	entative Contact Pho		

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San Francisco, CA 94141-0805

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Legal Owner: LPF	12TH STREET GARAGE INC			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3516 019	255 12TH	_	\$42,736.77	1.13%
		Totals:	\$42,736.77	1.13%
	tition the Board of Supervisors to initiate spe not petition the Board of Supervisors to initi			
	/			
Welc	be by		April 19, 20,	18
Signature of Own	er or Authorized Representative	_	() Date	·
Print Name of Ow	mer or Authorized Representative	Represe	entative Contact Phone or En	nail

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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3516 069 3516 070	107 KISSLING	\$1,201.76	0.03%
516 070	220 11TH		0.0370
	238 11TH	\$2,965.36	0.08%
		Totals: \$4,167.11	0.11%
	( /-	9 ()	-2019
Car	or Authorized Representative	3-13 Date	-2010

PLEASE RETURN BY APRIL 20, 2018 TO:

P.O. BOX 410805

San Francisco, CA 94141-0805

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Legal Owner: PRESIDIO KNOLLS SCHOOL INC

APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3517 034	1415 HOWARD		\$2,804.98	0.07%
3517 036	240 10TH		\$364.97	0.01%
3517 037	260 10TH		\$13,629.67	0.36%
3517 038	250 10TH		\$1,702.68	0.05%
		Totals:	\$18,502.30	0.49%

Yes, I petition the

Yes, I petition the Board of Supervisors to initiate special assessment proceedings.

No, I do not petition the Board of Supervisors to initiate special assessment proceedings.

Signature of Owner or Authorized Representative

Presidio Knolls School

Print Name of Owner or Authorized Representative

3/29/2018

Date

415-202-0770/

Representative Contact Phone or Email

#### PLEASE RETURN BY APRIL 20, 2018 TO:

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Email: aaron@urbanplaceconsulting.com

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Legal Owner: 14	01 HOWARD LLC			
APN	Parcel Address (if known)	**	Parcel Assessment	Parcel %
3517 035	1401 HOWARD		\$8,017.32	0.21%
		Totals:	\$8,017.32	0.21%
	tition the Board of Supervisors to initiate spons			
•			3/30/18	3
Signature of Own	er or Authorized Representative		Date	
Chris f	bley		415-472-	926/
Print Name of Ow	ner or Authorized Representative	Represe	entative Contact Phone or En	nail

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San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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APN	Parcel Address (if known)	Parcel Assessment	Parcel 9
3518 003	228 9TH	\$1,380.01	0.04%
3518 004	234 09TH	\$1,937.82	0.05%
		Totals: \$3,317.83	0.09%
Yes, I peti	tion the Board of Supervisors to initiate spe	cial assessment proceedings.	
=	ot petition the Board of Supervisors to initia		
No, ruo n	or petition the board of supervisors to mile	ate special assessment proceedings.	
~ /	20.1		
Poset	C. Nacs	March &	21,2018
Robert Signature of Owner	C. Weeks r or Authorized Representative	March &	21,2018

PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805
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APN	Parcel Address (if known)		Parcel Assessment	Parcei %
3518 008	258 09TH		\$1,000.53	0.03%
		Totals:	\$1,000.53	0.03%
Yes, I pe	tition the Board of Supervisors to initiate spe	cial assessment p	proceedings.	
No, I do	not petition the Board of Supervisors to initia	ate special assess	ment proceedings.	
M L			1/=/18	
Maritle	Khandle of		410110	
Signature of Own	er or Authorized Representative	<del></del>	#/5//0	
Signature of Own Jenethe	er or Authorized Representative	•	7/5//8 Date	

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD\* (hereafter "Plan").
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APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3518 023	1345 HOWARD	\$1,332.53	0.04%
3518 024	18 DORE	\$685.13	0.02%
			X.
		Totals: \$2,017.66	0.06%
	not petition the Board of Supervisors to initiate spinot petition the Board of Supervisors to initi		
		ate special assessment proceedings.	
No, I do			
No, I do	not petition the Board of Supervisors to initi	ate special assessment proceedings.	40

### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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Legal Owner: DP	T 1325 HOWARD STREET LLC		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3518 035	1325 HOWARD	\$2,643.78	0.07%
		Totals: \$2,643.78	0.07%
	tition the Board of Supervisors to initiate spe		
V	it	3/23/18	
Signature of Own	er or Authorized Representative	Date	
Lee	Jiang	1/123@h	otmail.com

PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD\* (hereafter "Plan").
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Legal Owner: GLASDORE LOFTS LP

APN	Parcel Address (if known)	Parcel A	ssessment	Parcel %
3518 046	30 DORE	\$102.08	0.00%	
3518 047	30 DORE	\$100.12	0.00%	
3518 048	30 DORE	\$93.09	0.00%	
3518 049	30 DORE	\$100.12	0.00%	
3518 050	30 DORE	\$93.09	0.00%	
3518 051	30 DORE	\$100.12	0.00%	
3518 052	30 DORE	\$100.12	0.00%	
3518 053	30 DORE	\$140.52	0.00%	
3518 054	30 DORE	\$84.88	0.00%	
3518 055	30 DORE	\$159.28	0.00%	
3518 056	30 DORE	\$193.16	0.01%	•
3518 057	30 DORE	\$155.76	0.00%	
3518 058	30 DORE	\$154.20	0.00%	
3518 059	30 DORE	\$155.76	0.00%	
3518 060	30 DORE	\$154.20	0.00%	
3518 061	30 DORE	\$155.76	0.00%	
3518 062	30 DORE	\$154.20	0.00%	
3518 063	30 DORE	\$155.76	0.00%	
3518 064	30 DORE	\$176.61	0.00%	
3518 065	30 DORE	\$159.28	0.00%	
3518 066	30 DORE	\$103.51	0.00%	
3518 067	30 DORE	\$111.33	0.00%	
3518 068	30 DORE	\$102.86	0.00%	
3518 069	30 DORE	\$95.82	0.00%	
3518 070	30 DORE	\$108.85	0.00%	
3518 071	30 DORE	\$95.82	0.00%	
3518 072	30 DORE	\$104.03	0.00%	
3518 073	30 DORE	\$95.82	0.00%	
3518 074	30 DORE	\$102.86	0.00%	
3518 075	30 DORE	\$107.42	0.00%	
3518 076	30 DORE	\$103.51	0.00%	•
3518 077	30 DORE	\$105.72	0.00%	
3518 078	30 DORE	\$111.33	0.00%	

		\$105.07	0.00%
3518 080	30 DORE	\$90.74	0.00%
3518 081	30 DORE	\$105.07	0.00%
3518 082	30 DORE	\$93.09	0.00%
3518 083	30 DORE	\$105.07	0.00%
3518 084	30 DORE	\$95.82	0.00%
3518 085	30 DORE	\$105.07	0.00%
3518 086	30 DORE	\$102.34	0.00%
3518 087	30 DORE	\$105.72	0.00%
		Totals: \$4,944.97	0.13%
Yes, I pet	ition the Board of Supervisors to initiate s	pecial assessment proceedings.	
	cition the Board of Supervisors to initiate specification the Board of Supervisors to ini		ings.
	•		
No, I do	•	itiate special assessment proceed	31/18

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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APN	Parcel Address (if known)		Parcel Assessment	Parcel 9
3518 102		\$142.65		0.00%
		Totals:	\$142.65	0.00%
Yes, I pe	etition the Board of Supervisors to initiate sp	ecial assessment p	roceedings.	
No, I do	not petition the Board of Supervisors to initi	iate special assessr	nent proceedings.	
		•		
//			<del></del>	
Sle	Cera Ke		3/11/18	
ingnature of Owr	ner or Authorized Representative		3/11/18 bate	
_	Club KU ner or Authorized Representative			pr Q gmail. c

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

### SOIVIA WEST COMMONITY BENEFIT DISTRICT

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD\* (hereafter "Plan").
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Legal Owner: FARZANEH HAMID & NILOUFAR

APN'	Parcel Address (if known)		Parcel Assessment	Parcel %
518 104			\$153.07	0.00%
3729 161	737 TEHAMA		\$214.57	0.01%
		Totals:	\$367.64	0.01%
Yes, I pe	tition the Board of Supervisors to initiate spe	ecial assessment	proceedings.	
No, I do	not petition the Board of Supervisors to initia	ate special assess	ment proceedings.	
Honni	not petition the Board of Supervisors to initial	ate special assess	3 116 118 Date	

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3518 105		\$165.58	0.00%
		Totals: \$165.58	0.00%
Yes, I p	petition the Board of Supervisors to initiate sp	ecial assessment proceedings.	
=	o not petition the Board of Supervisors to init		
100,10	o not petition the board of Supervisors to mit	late special assessment proceedings.	
100,10	o not petition the Board of Supervisors to init	iate special assessment proceedings.	
Allisia)	non Anna	2/18/18	
Allisin	wn Aunson the Board of Supervisors to find	3/18/18 Date	
Allisin	ron Aanso	3/18/18	

### PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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Legal Owner: A	ANAND MONICA		•
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3518 106		\$142.65	0.00%
		Totals: \$142.65	0.00%
Yes, I p	petition the Board of Supervisors to initiate spe	ecial assessment proceedings.	
$\equiv$			
No, I de	o not petition the Board of Supervisors to initi	ate special assessment proceedings.	
·60		03/13/2018	3
Signature of Ow			
	mer or Authorized Representative	Date	
MONI	oner or Authorized Representative		(0(045)

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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Legal Owner: C	HOKSI AJITA				
APN	Parcel Address (if known)	Par	cel Assessment		Parcel %
3518 108		\$153.20	0.0	0%	
		Totals: \$15	3.20	0.00%	
Yes, I pe	etition the Board of Supervisors to initiate spo	ecial assessment proce	eedings.		
No, I do	o not petition the Board of Supervisors to initi	ate special assessmen	t proceedings.		
-A					
	10		nalnil	18	
Signature of Own	ner or Authorized Representative		Date	10	
Arie	ta Choksi		anielas	milei	Qyahoo.com
Print Name of O	wner or Authorized Representative		ive Contact Phone	or Email	

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

### PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ESTABLISH THE

#### Soma West COMMUNITY BENEFIT DISTRICT

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APN	Parcel Address (if known)	Parcel Assessn	nent Parcel %
3518 109		\$168.58	0.00%
		Totals: \$168.58	0.00%
Voc I no	tition the Board of Supervisors to initiate spe	cial accomment proceedings	
res, i pe	tition the Board of Supervisors to initiate spe	ciai assessment proceedings.	
No Ido	not petition the Board of Supervisors to initia	to special assessment proceeding	age
10,100	not petition the board of Supervisors to linua	ite special assessment proceedii	
γ)		2 10	. 6
Dasin	Qualilian	3-18-20	18
A Alum Signature of Own	Dualillau er or Authorized Representative	3 -18 - 20 Date	18
Masur Signature of Own	Ovafuliau er or Authorized Representative		18
Masur Signature of Own	Description  Descr		18
Masur Signature of Own	Describing September 1997		18 59201

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com



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APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3518 111			\$159.59	0.00%
		Totals:	\$159.59	0.00%
Voc ( por	tition the Board of Supervisors to initiate specia	al accessment r	proceedings	
162, 1 he	illion the posta of aubernisors to minare specie	n assessment b	noceedings.	
	not petition the Board of Supervisors to initiate special	·	_	
	·	·	_	
	·	·	_	E
No, I do	not petition the Board of Supervisors to initiate	·	ment proceedings.	8

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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Legal Owner: BH	IAT BHARGAV		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3518 112		\$153.20	0.00%
		Totals: \$153.20	0.00%
Yes, I per	tition the Board of Supervisors to initiate sp	ecial assessment proceedings.	
No, I do	not petition the Board of Supervisors to init	iate special assessment proceedings.	
Wh		2018-03-	12
Signature of Own	er or Authorized Representative	Date	
BHARGAN	BHAT	BHANGAVUBHAT 6	GMAIL, com
	vner or Authorized Representative	Representative Contact Phone	or Email

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3519 001	1301 FOLSOM	91	\$7,549.11	0.20%
		Totals:	\$7,549.11	0.20%
Yes, I peti	tion the Board of Supervisors to initiate spe	cial assessment	proceedings.	
No, I do n	ot petition the Board of Supervisors to initia	te special assess	sment proceedings.	
			-	
		9/	25/2018	
Signature of Owne	r or Authorized Representative	<del>-1</del>	Date	
JOY OU	1 × × ×	415-	-394-7027	
Print Name of Owr	ner or Authorized Representative	-	entative Contact Phone or Ema	nil .

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD\* (hereafter "Plan").
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Legal Owner: CIA	ANFRUA LLC	3		
APN	Parcel Address (if known)	- 1 N	Parcel Assessment	Parcel %
3519 005	350 09TH	¥	\$3,954.18	0.10%
		Totals:	\$3,954.18	0.10%
=	tition the Board of Supervisors to initiate spe not petition the Board of Supervisors to initia			
	200		3/1/200	
Signature of Own	er or Authorized Representative	-	Date Date	
VIVIN	ACEBAL		MANACEBALO	QME.COM

PLEASE RETURN BY APRIL 20, 2018 TO:

Print Name of Owner or Authorized Representative

Representative Contact Phone or Email

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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Legal Owner: Di	JNHAM/KAWANO TRUST	DANA K	AWANO	
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3519 025	55 SHERIDAN		\$989.32	0.03%
	74			
		Totals:	\$989.32	0.03%
Maria			44.001	
Signature of Own	Mm -		MAKSI,	2018
	er or Authorized Representative	-	MAR 31,	2018

PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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Legal Owner: DU	NHAM/KAWANO TRUST JOHN DUNHAM			
APN	Parcel Address (if known)	Parcel Ass	essment	Parcel %
3519 025	55 SHERIDAN	\$989.32	0.03%	
		Totals: \$989.32	0.03%	
1				
()				
		3-3	1-18	
Signature of Owner	er or Authorized Representative	D	ate	
NHOL	DUNHAM	415 4	12 7770	
Print Name of Ow	ner or Authorized Representative	Representative Con	tact Phone or Email	

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APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3519 030	30 SHERIDAN	\$1,358.15	0.04%
	The state of the s	Totals: \$1,358.15	0.04%
Yes, I per	tition the Board of Supervisors to initiate special a	assessment proceedings.	
No, I do	not petition the Board of Supervisors to initiate s		
No, I do			
No, I do			1/18
			1/18
Signature of Own	not petition the Board of Supervisors to initiate specification	pecial assessment proceedings.	1/18 northan brownings e or Email

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Legal Owner: Mi	EJIA PAMELA	a	*
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3519 031	34 SHERIDAN	\$823.23	0.02%
		Totals: \$823.23	0.02%
Yes, I pe	tition the Board of Supervisors to initiate spe	ecial assessment proceedings.	
No, I do	not petition the Board of Supervisors to initi	ate special assessment proceedings.	
Pan	rela A Mina	3-30-2018	·/
Signature of Own	er or Authorized Representative	Date	
Panels	METIA	hereamis a	amail com
Print Name of Ow	/ / / / /	Representative Contact Phone	arrive Could

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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Legal Owner: CO	OPER DANIEL & MARTHA PAGE			
APN	Parcel Address (if known)		Parcel Assessmen	nt Parcel %
3519 033	44 SHERIDAN		\$613.53	0.02%
		Totals:	\$613.53	0.02%
_	tition the Board of Supervisors to initiate spont			
Wilt			4/1/18	
Signature of Own	er or Authorized Representative		Date	
MARTHA	-COOPER	mar	tha cooper d	lesign @ grail.com
	ner or Authorized Representative	Represe	entative Contact Ph	one or Email

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

### PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ESTABLISH THE

### SoMa West COMMUNITY BENEFIT DISTRICT

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Legal Owner: M	URPHY TRUST 2003 THOMAS F & MA	THA MURPHY TR	
APN	Parcel Address (If known)	Parcel Assessment	Parcel %
3519 038	353 10TH	\$1,810.86	0.05%
		Totals: \$1,810.86	0.05%
Yes, I pe	tition the Board of Supervisors to initiate sp	ecial assessment proceedings.	
No, I do	not petition the Board of Supervisors to ini	ate special assessment proceedings.	
()_		7 12 2 10	
		3 23 2018	<b>4</b>
ignature of Own	er or Authorized Representative	Date	
	er of Authorized Representative	, pole	
TOM.	MURPHY	TOME ARALON F	Poleeties.co

### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: MURPHY TRUST 2003 THOMAS F & MAR	RTHA MURPHY TR	
APN Parcel Address (if known)	Parcel Assessment	Parcel %
3519 038 353 10TH	\$1,810.86	0.05%
	Totals: \$1,810.86	0.05%
Yes, I petition the Board of Supervisors to initiate sp  No, I do not petition the Board of Supervisors to init		
	3 23 2018	
ignature of Owner or Authorized Representative	Date	
TOM MURPHY	TOME ARALON PROPE	RTIES.CO
1 1		

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3519 053  1347 FOLSOM  \$1,25  Totals: \$1,25  Yes, I petition the Board of Supervisors to initiate special assessment proceed  No, I do not petition the Board of Supervisors to initiate special assessment proceed	0.03% ings.
Yes, I petition the Board of Supervisors to initiate special assessment proceed	ings.
No, I do not petition the Board of Supervisors to initiate special assessment p	oceedings.
1711	- 0 T . 00
1A5 114	OCT 18
Signature of Owner or Authorized Representative	Date
MIANTIEY	#31-9104 ext 301

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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Local Owner, DADIES LES A & DAVED TABA

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3519 056	136 DORE	\$744.95	0.02%
		Totals: \$744.95	0.02%
Yes, I pe	tition the Board of Supervisors to initiate sp	ecial assessment proceedings.	
No, I do	not petition the Board of Supervisors to init	iate special assessment proceedings.	
	$\supset$	.// .// 5	- Aller Aller Aller Aller Aller Aller Aller Aller
La Tar	wr	4/5/18	
Signature of Own	er or Authorized Representative	Date	
lee Parie	3	415.359. 4970	Lee. PARIES ESMAIL CO

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P.O. BOX 410805
San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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APN	Parœl Addre ss(if known)	Parce I Asse same i	nt Parcel %
3519 058	144 DORE	\$684.48	0.02%
		Totals: \$68448	0.02 %
Yes, I pet	tition the Board of Supervisors to initiate spe	ecial assessment proceedings.	
7			
	not petition the Board of Supervisors to initi		
Auch		ate special assessment proceedings.	

PLEASE RETURN TO:

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### PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ESTABLISH THE

### SoMa West COMMUNITY BENEFIT DISTRICT

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Legal Owner: CH	ARLES K MCCABE TRUST CHARLES K MCCA	ABE TRUSTEE		
APN	Parcel Address (if known)		Parcel Assessmen	nt Parcel %
3519 065	1331 FOLSOM	2.	\$754.26	0.02%
		Totals:	\$754.26	0.02%
Yes, I pe	tition the Board of Supervisors to initiate spe	cial assessment	proceedings.	
No, I do	not petition the Board of Supervisors to initia	ate special assess	sment proceedings	
CK	Mer Cerve		it. 1.	18
Signature of Own	er or Authorized Representative am		Date	
CHAR	er or Authorized Representative gmu- LES K.McCABE		415 26	,46325
	vner or Authorized Representative	The second secon	entative Contact Ph	one or Email

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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Legal Owner: ME	ENAGHAN 2000 TRUST JAMES J & JODYLEE	T MEENAGH		
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3519 080	75 SHERIDAN		\$277.08	0.01%
		Totals:	\$277.08	0.01%
No, I do	not petition the Board of Supervisors to initiate special not petition the Board of Supervisors to initiate			
JAMES	MEENaGhan			
Print Name of Ow	ner or Authorized Representative	Keprese	entative Contact Phone or E	mail

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

### PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ESTABLISH THE

### SoMa West COMMUNITY BENEFIT DISTRICT

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD\* (hereafter "Plan").
- 2. We are or represent the persons and/or entities that would be obligated to pay the special assessments for the services, improvements and activities as described in the Plan. If the proposed District is established by the Board of Supervisors following the ballot election and public hearing, assessments would be collected for the first 15 years (July 1, 2018 - June 30, 2033). Expenditure of those collected assessments for up to 6 months after the end of the assessment collection period (December 31, 2033), at which point the District would terminate if not renewed.
- 3. We petition the Board of Supervisors to initiate special assessment district proceedings in accordance with applicable state and local laws (California Streets and Highways Code Sections 36600 et sq. "Property and Business Improvement District Law of 1994" as augmented by the City and County of San Francisco Business and Tax Regulation Code Article 15 "Business Improvement District Procedure Code").
- 4. We understand that upon receipt of this petition signed by property owners (or authorized representative of property owners) who will pay more than thirty percent (30%) of the proposed assessments, the Board of Supervisors may initiate proceedings to renew and expand the District. These proceedings will include balloting of property owners under which majority of weighted property owners who return a ballot may authorize the Board of Supervisors to renew and expand the District. This petition does not represent a final decision.

APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3519 081	75 SHERIDAN .		\$288.16	0.01%
/		Totals:	\$288.16	0.01%
	tition the Board of Supervisors to initiate spe not petition the Board of Supervisors to initia			
	0		7/1//	10
Signature of Own	er or Authorized Representative		S d Q Date	1 0
50.0	oli Maria			
LOUGH	167 / 1 Osel			

#### PLEASE RETURN BY APRIL 20, 2018 TO:

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Legal Owner: JOH	INSON TODD J		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3519 082	75 SHERIDAN .	\$248.42	0.01%
		Totals: \$248.42	0.01%
	ition the Board of Supervisors to initiate spe		
		3/24/18	
1	or Authorized Representative  TOD JOHNSON  ner or Authorized Representative	Pate  OHO 934 9557  Representative Contact Phone or Em	LOHNSON 73
×			( c) Martin

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Legal Owner: Wi	EBER MICHAEL			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3519 083	75 SHERIDAN		\$242.55	0.01%
		Totals:	\$242.55	0.01%
	tition the Board of Supervisors to initiate spont petition the Board of Supervisors to init			
		rate special asses.	sment proceedings.	
	NM_		oct 2018	
Signature of Own	er or Authorized Representative		Date	
Micha	el Veber		IETIGONE@	YAHOO.COM
Print Name of Ow	vner or Authorized Representative	Repres	entative Contact Phone or Er	nail

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Legal Owner: Ell	JOHN & CELLI ANNA				
APN	Parcel Address (if known)		Parcel Assessmen	t Parcel %	
3519 089	THE RESIDENCE OF THE PARTY OF T		\$164.87	0.00%	
		Totals:	\$164.87	0.00%	
	tition the Board of Supervisors to initiate sp				
11	51		9/23/2	2018	
John	er or Authorized Representative	6	Date 17 - 669	9035	
Print Name of Ov	vner or Authorized Representative	Represe	entative Contact Ph	one or Email	

PLEASE RETURN TO:

Print Name of Owner or Authorized Representative

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Legal Owner: GII	NA JUKICH VELEZ REVOC TR			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3520 015	1420 HARRISON		\$847.94	0.02%
				4 4
		Totals:	\$847.94	0.02%
- No, ruo	not petition the Board of Supervisors to initial	e special assess	ment proceedings.	
	Pukich Villy		4-2-18	manus a susual November de sur
Signature of Own	er or Authorized Representative		Date	
Jina Jus	kich Velez RevocTR	jk	ch1st@ya	hoo.com

#### PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

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Level Owner, TILIC KELLY MA

APN	Parcel Address (if known)		Parcel Assessmen	nt Parcel %
3520 053	1489 FOLSOM		\$275.18	0.01%
		Totals:	\$275.18	0.01%
Yes, I pe	tition the Board of Supervisors to initiate sp	ecial assessment	proceedings.	
No, I do	not petition the Board of Supervisors to init	tiate special assess	sment proceedings.	
	•			
Kelly M	· 911.		17010	
		10/3	1/2018	
Signature of Own	er or Authorized Representative		Date	
Kelly El	lis	fount	aingoats 2 gi	mail. com
The second second	ner or Authorized Representative	10-11-1	7	

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Legal Owner: LUI KYLE & HEDGES NATHANIEL

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
520 070	1488 HARRISON	\$221.07	0.01%
	i i satat	Totals: \$221.07	0.01%
Yes, I petition t	he Board of Supervisors to initiate spe	ecial assessment proceedings.	
No, I do not pet	cition the Board of Supervisors to initi	ate special assessment proceedings.	
Toys	iL	9/23/201	8
ignature of Owner or A	uthorized Representative	Date	
KULE 1	_W	310,903.018	KAIHLUI @ GMAIL.
rint Name of Owner or	Authorized Representative	Representative Contact Phone or	Email

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APN	Parcel Address (if known)	Parcel Assessmen	t Parcel %
3520 073	1488 HARRISON	\$227.72	0.01%
3520 074	1488 HARRISON	\$208.43	0.01%
		Totals: \$436.15	0.01%
	ition the Board of Supervisors to initiate spenot petition the Board of Supervisors to initia		
-			
- Common of the			
-	not petition the Board of Supervisors to initia		
No, I do	not petition the Board of Supervisors to initia		
No, I do	not petition the Board of Supervisors to initia	te special assessment proceedings.	
No, I do	not petition the Board of Supervisors to initia	te special assessment proceedings.	glahoo.com

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Legal Owner: Wi	ROBEL SHAWN			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3520 077	45 JUNIPER		\$320.92	0.01%
		Totals:	\$320.92	0.01%
	tition the Board of Supervisors to initiate spenot petition the Board of Supervisors to initi			
	1/1/1		9/26/18	
Signature of Own	er or Authorized Representative		Date	
Sta S	Thawn Wrobel	4	: shawnwrobe	el@hotmail.com
Print Name of Ow	ner or Authorized Representative	Represe	entative Contact Phone or En	

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APN	Parcel Address (if known)	*	Parcel Assessment	Parcel %
3520 078	45 JUNIPER		\$322.09	0.01%
		Totals:	\$322.09	0.01%
Yes, I pe	tition the Board of Supervisors to initiate sp	ecial assessment	proceedings.	
No. I do	not petition the Board of Supervisors to init	tiato caocial accord	ment proceedings	
		liate special assess	ment proceedings.	
		itate special assess	3/19/2015	
Moha	par-		3/19/2018	
Moha	er or Authorized Representative		3/19/2018 Date	
ignature of Own	er or Authorized Representative		3/19/2018 Date	20 C0V0
ignature of Own	er or Authorized Representative		3/19/2018	

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Legal Owner: HII	REMATH MAYUR			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3520 085	360 10TH		\$220.68	0.01%
		Totals:	\$220.68	0.01%
	tition the Board of Supervisors to initiate spo			
N			41118	
Signature of Own	er or Authorized Representative		Date	
MAYUR 1	telle MATH	may	ir. hivemata a	e gencii. com

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Legal Owner: RA	VINDRAN RAHUL			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3520 089	380 10TH		\$219.68	0.01%
		Totals:	\$219.68	0.01%
-	tition the Board of Supervisors to initiate spe not petition the Board of Supervisors to initi			
No, rao	not petition the board of supervisors to miti	ate special assess	ment proceedings.	
Signature of Own	er or Authorized Representative		03-20-2018 Date	
Signature of Own	er of Authorized Representative		Date	
RAHUL	RAVINDRAN	RA	HULRVO	YAHOD. COM

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APN	Parcel Address (if known)	Parcel Asse	essment Parcel 9
3520 090	380 10TH	\$273.10	0.01%
		Totals: \$273.10	0.01%
Yes, I pe	tition the Board of Supervisors to initiate spe	cial assessment proceedings.	
No, I do	not petition the Board of Supervisors to initi	ate special assessment proced	edings.
		entering December 1997 and 19	
-	Fig	7/2	1/18
Signature of Own	ner or Authorized Representative		1 (18 miles
Signature of Own	er or Authorized Representative		
Signature of Owr	er or Authorized Representative  + Moiveau		1 (18 112-2357

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Email: aaron@urbanplaceconsulting.com

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Legal Owner: HOVEN VICTORIA

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3520 092 380 10TH	380 10TH	\$265.80	0.01%
		Totals: \$265.80	0.01%
Yes, I per	tition the Board of Supervisors to initiate spe	ecial assessment proceedings.	
No, I do	not petition the Board of Supervisors to initi	ate special assessment proceedings.	
No, I do	not petition the Board of Supervisors to initi	ate special assessment proceedings.	
No, I do	not petition the Board of Supervisors to initi	iate special assessment proceedings.	
Vilele	not petition the Board of Supervisors to initi	ate special assessment proceedings.  9/25/18 Date	
Villa ignature of Own	er or Authorized Representative	9/25/18 Date	
Villa ignature of Own	Horn	9/25/18	EN PSMAIL

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

### PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ESTABLISH THE

#### SoMa West COMMUNITY BENEFIT DISTRICT

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Legal Owner: Wh	HITESIDE MICHAEL & VEGA ME		*	
APN	Parcel Address (if known)	(a) (b)	Parcel Assessment	Parcel %
3520 102	380 10TH		\$202.48	0.01%
		Totals:	\$202.48	0.01%
Yes, I pet	tition the Board of Supervisors to initiate spe	cial assessment	proceedings.	
No, I do	not petition the Board of Supervisors to initi	ate special assess	ment proceedings.	
1	•			
W	1		04/09/18	
Signature of Own	er or Authorized Representative		Date	
MICHA	EL WHITESIDE	mik	ewhiteside@ic	loud.com

#### PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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Legal Owner: WI	CK GREGORY		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3520 109	380 10TH	\$262.81	0.01%
		Totals: \$262.81	0.01%
Vos I pot	ition the Deard of Cunamicans to initiate annula	Laccommont proceedings	
Yes, I pet	ition the Board of Supervisors to initiate special	assessment proceedings.	
No, I do	not petition the Board of Supervisors to initiate	special assessment proceedings.	
20	. /	X	
1/1/1/	rch_	3/13/18	
Signature of Owner	er or Authorized Representative	Date	
Gregu	sick	Greg@Gregwick	COM

#### PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

### PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ESTABLISH THE

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Legal Owner: NA	NCARROW JAY CLIFFORD			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3520 113	380 10TH ±126	\$	276.88	0.01%
		Totals: \$	276.88	0.01%
	not petition the Board of Supervisors to initiate spe			
9,2			9/22/18	
Signature of Owner	er or Authorized Representative		Date	
Jay Na	ncariow	jay	. nancarrow @ gm	nail. com
Drint Name of Ow	per or Authorized Penrecentative	Poprocont	ative Contact Phone or En	nail

PLEASE RETURN TO:
SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: C1	0 HARRISON 1500 LLC			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3521 013	398 11TH		\$4,684.52	0.12%
		Totals:	\$4,684.52	0.12%
Yes, I pe	tition the Board of Supervisors to initiate spe	ecial assessment	proceedings.	
No, I do	not petition the Board of Supervisors to initi	iate special assess	ment proceedings.	
10	W >	sipe of the sign o	4/8/18	
Signature of Own	ner or Authorized Representative		Date	
Rjan	M. Taylor	rt	aylor@ciriosre	e.com

#### PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: CH	OY LORNA M			
APN	Parcel Address (if known)		Parcel Assessmen	nt Parcel %
3521 019	365 12TH		\$546.57	0.01%
		Totals:	\$546.57	0.01%
	tition the Board of Supervisors to initiate spe			
Pa	u Cho		9-24-	18
Signature of Own	er or Authorized Representative		Date	
LORNA	4 CHOY	101	namay Cho	10 gmail con
Print Name of Ow	ner or Authorized Representative		entative Contact Ph	

PLEASE RETURN TO:

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San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner:	PAUL & PAULETTE RYAN REVOC RYAN PAYO & PA	ULETTE- CIT	4 GARDONS, LLC	, d (#3
APN	Parcel Address (if known)	Pa	rcel Assessment	Parcel %
3521 022	333 12TH	\$7	,256.00	0.19%
		Totals: \$7	,256.00	0.19%
	I petition the Board of Supervisors to initiate special do not petition the Board of Supervisors to initiate s			
			F	9
\ at	the C. Cumos, Mar.		5-23-1	3
Signature of C	Owner or Authorized Representative	11	Date	
PATP	C/C (CONNEDY	P	le@panora	micocom

#### PLEASE RETURN BY APRIL 20, 2018 TO:

Print Name of Owner or Authorized Representative

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Representative Contact Phone or Email

Email: aaron@urbanplaceconsulting.com

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Legal Owner: 15	32 HARRISON INVESTMENT LL		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3521 056	1532 VHARRISON	\$4,436.19	0.12%
		Totals: \$4,436.19	0.12%
Yes, I pe	tition the Board of Supervisors to initiate spo	ecial assessment proceedings.	
No, I do	not petition the Board of Supervisors to initi	ate special assessment proceedings.	
011			
AKL	$\sim$	4/6/18	
Signature of Own	er or Authorized Representative	Date	
LOU 1	183QUEZ	lov@bldsf.	com
Print Name of Ow	vner or Authorized Representative	Representative Contact Phone or Er	mail

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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Legal Owner: Al	RCHAMBAULT ROBERT W		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3521 062	65 NORFOLK	\$183.53	0.00%
		Totals: \$183.53	0.00%
	etition the Board of Supervisors to initiate sp		
RWInd	lum hunt	3/17/18	
Signature of Own	ner or Authorized Representative	Date	
	RC HAM BAULT	RWASIRIUS COM	HAST. NEI
Print Name of O	wner or Authorized Representative	Representative Contact Phone or Email	

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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Legal Owner: Ma	ARK HENDERSON REVOCABLE TRMARK W I	IANDERSON TRUSTEE	
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3521 075	55 NORFOLK	\$206.58	0.01%
		Totals: \$206.58	0.01%
	tition the Board of Supervisors to initiate sp		
Signature of Own	per or Authorized Representative		
Print Name of Ow	vner or Authorized Representative	Representative Contact Phone	or Fmail

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
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San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: Vl	J TOAN			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3521 090	2000 NORFOLK		\$187.60	0.00%
		Totals:	\$187.60	0.00%
	not petition the Board of Supervisors to initiate spe			
An	$M_{h}$		3/18/18	>
Signature of Own	ner or Authorized Representative		/ Date /	
Toan		ι	10 do 0512@	gmail.co

#### PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

SoMa West CBD
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Print Name of Owner or Authorized Representative

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Legal Owner: Bi	ROWN ROBERT & AMY			
4	31.50			
APN	Parcel Address (if known)	*	Parcel Assessment	Parcel %
3522 032	30 BERNICE		\$624.28	0.02%
		-	·	
		Totals:	\$624.28	0.02%
No,1do	not petition the Board of Supervisors to initiate	e special assess	ment proceedings.	
Mal	HAR	**************************************	4/10/18	
1-001	W. I. C.			
Signature of Owr	ner or Authorized Representative		Date	
Rok	vert Brown		415 894	5095

#### PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3522 038	60 13TH	\$1,782.64	0.05%
		Totals: \$1,782.64	0.05%
	ition the Board of Supervisors to initiate spe	cial assessment proceedings	
Yes, I pet	tion the board of bapervisors to initiate spe-	arai assessiment provedeam.Bs.	
**************************************	not petition the Board of Supervisors to initia		
**************************************			
No, I do r			9/8
No, I do no	not petition the Board of Supervisors to initia	ite special assessment proceedings.  I May 21 Date	5/8 252

The full SoMa West CBD Management Plan and Engineer's Report can be found at http://www.somawestcbd.org. For more information regarding formation of the SoMa West CBD, or if you believe any of the information stated in this petition is incorrect, please contact Aaron Aulenta at aaron@urbanplaceconsulting.com.

P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: JER	OME GOLDSTEIN MD LVG TR GOLDSTEIN JEROI	ME MD TRUSTEE	
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3522 042	39 ISIS	\$1,118.28	0.03%
		Totals: \$1,118.28	0.03%
	ition the Board of Supervisors to initiate special not petition the Board of Supervisors to initiate s		
GLUM Signature of Owne	e Colonia Representative	19 MAR 2	618
Jevom Print Name of Owr	e GoldsTein her or Authorized Representative	415-279-6 Representative Contact Phone or Er 1901ds Tein	5952 SFCRC. OR

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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Legal Owner: GOLDSTEIN JEROME LIVING TR % JEROME GOLDSTEIN

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3522 060	1675 VFOLSOM	\$357.32	0.01%
3522 061	1669 VFOLSOM	\$357.32	0.01%
3522 062	1665 FOLSOM	\$607.51	0.02%
3522 064	1655 FOLSOM	\$3,573.63	0.09%
		Totals: \$4.895.78	0.13%

Yes, I petition the Board of Supervisors to initiate special assessment proceedings. No, I do not petition the Board of Supervisors to initiate special assessment proceedings.

are of Owner or Authorized Representative

415-279-6952 Representative Contact Phone or Email 1 galdstein@ 5 FCRC. ORG

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APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3522 069	1621 FOLSOM		\$665.88	0.02%
		Totals:	\$665.88	0.02%
Yes, I pe	tition the Board of Supervisors to initiate spe	ecial assessment p	proceedings.	
No, I do	not petition the Board of Supervisors to initia	ate special assess	ment proceedings.	
			11/2/10/	
. /			MINIO	
for Gianatore of Own	ar a Authorized Bayrocentative	· ·	Date	
Signature of Own	er or Authorized Representative		Date	
Signature of Own	er or Authorized Representative	4	Date 15 740 1732	

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Legal Owner: CONNOLLY MAGGI	odro	
APN Vol79 Block 3522/Kot	Parcel Assessment Par	real 9/
3522 082 21 ISIS	\$211.55 • 0.01%	rcel %
3322 002	V211.33	
	Totals: \$211.55 0.01%	The state of the s
		-
Yes, I petition the Board of Supervisors to initiate s	pecial assessment proceedings.	
No, I do not petition the Board of Supervisors to in	tiate special assessment proceedings.	
1 1	Λ .	
[ Mages Coundly	September 24. 2	2018
	Squame C = 4,	
Signature of Owner or Authorized Representative	Date	
MAGGI CONNOLLY	Representative Contact Phone or Email	(com
Print Name of Owner or Authorized Representative	Representative Contact Phone or Email	

PLEASE RETURN TO: SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

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Legal Owner: No	SO KIM H		
APN -	Parcel Address (if known)	Parcel Assessment Parcel %	
3522 104	356 12TH	\$215.44 0.01%	
		Totals: \$215.44 0.01%	
Yes, I pe	tition the Board of Supervisors to initiate sp	cial assessment proceedings.	
No, I do	not petition the Board of Supervisors to initi	te special assessment proceedings.	
Signature of Own	er or Authorized Representative	10/14/18	
K	im NUJ	Kimngosfo @gmail.	w
Print Name of Ow	ner or Authorized Representative	Representative Contact Phone or Email	

PLEASE RETURN TO:

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San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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Legal Owner: MA	AGDALINSKI STEFAN & CHUNG		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3522 114	1 BERNICE	\$757.49	0.02%
		Totals: \$757.49	0.02%
Yes, I pet	tition the Board of Supervisors to initiate spe	cial assessment proceedings.	
No, I do	not petition the Board of Supervisors to initia	ate special assessment proceedings.	
7		03.22.2018	
Signature of Own	er or Authorized Representative		
Clean	MAGD ALINSKI	stefan @ whitelal	-21.07
2 12 12 12 12 12 12 12 12 12 12 12 12 12	rner or Authorized Representative	Representative Contact Phone or	

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SoMa West CBD
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San Francisco, CA 94141-0805
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Legal Owner: MO	CCORMICK FRANCIS PATRICK		9.4	
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3522 115	5 BERNICE		\$1,041.55	0.03%
		Totals:	\$1,041.55	0.03%
Yes, I pet	tition the Board of Supervisors to initiate sp	ecial assessment	proceedings.	
No, I do	not petition the Board of Supervisors to init	iate special assess	sment proceedings.	
For	n/		3/27/208	
Signature of Own	er or Authorized Representative		Date	TO THE
FRANCH	MICHMICK			
	ner or Authorized Representative	Represe	entative Contact Phone or En	nail

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

### PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ESTABLISH THE

#### SoMa West COMMUNITY BENEFIT DISTRICT

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Legal Owner: HA	ALL BRENT QUAN WESTPHAL KYLA		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3522 120	22 ISIS	\$573.18	0.02%
		Totals: \$573.18	0.02%
Parameters	tition the Board of Supervisors to initiate sp not petition the Board of Supervisors to init		
Signature of Own	er or Authorized Representative	4116 (18 Date	
Breut	Hall	415-997-8261	
Print Name of Ow	vner or Authorized Representative	Representative Contact Phone or Er	mail

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P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: RA	INTREE REALTY LLC		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3524 066	450 10TH	\$60,386.89	1.60%
		Totals: \$60,386.89	1.60%
	tition the Board of Supervisors to initiate spe not petition the Board of Supervisors to initia		
Signature of Own	er or Authorized Representative	3/28/18 Date	
Kevin	V HEYER	W144MbRa Co	
Print Name of Ow	ner or Authorized Representative	Representative Contact Phone or Em	alt

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Legal Owner: CA	LMERIN FRED S&AZUCENA S			
APN	Parcel Address (if known)	Pa	rcel Assessment	Parcel %
3525 032	229 DORE	\$5	591.95	0.02%
		Totals: \$5	591.95	0.02%
Yes, I pe	tition the Board of Supervisors to initiate spo	ecial assessment pro	ceedings.	
	not petition the Board of Supervisors to initi			
11071.00				
100	1	- Control of the second	2 11 11	
SARCO	almenn		3-16-18	
Signature of Own	er or Authorized Representative		Date	
		_		
AZUCEN	4 S. CALMERIN	(415	) 861-6166	
Print Name of Ow	mer or Authorized Representative	Representa	itive Contact Phone or Er	mail

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Legal Owner: DE	LIA JOA & JEN MING CHANG DELIA JOA & JI	EN M CHANG TRI	J	
APN	Parcel Address (if known)		Parcel Assessme	nt Parcel %
3525 034	219 DORE		\$781.70	0.02%
		Totals:	\$781.70	0.02%
· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,			
Delas de	or chang		3-29-	2018
	er or Authorized Representative	<del></del>	Date	
DELIA Ju	DA CHANG	dei	iachangos	agmail.com
Print Name of Ow	ner or Authorized Representative	Repres	entative Contact P	hone or Email

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APN •	Parcel Address (if known)	Parcel A	ssessment Parcel 9
3525 034	219 DORE	\$781.70	0.02%
		Totals: \$781.70	0.02%
Yes, I pe	tition the Board of Supervisors to initiate sp	ecial assessment proceedin	gs.
No, I do	not petition the Board of Supervisors to init	iate special assessment pro	ceedings.
			<u> </u>
Deln }	on they	4-1-	2018
	ner or Authorized Representative	4-1-	7018 Date
Signature of Own			

#### PLEASE RETURN BY APRIL 20, 2018 TO:

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Legal Owner: W	ILLIAM D LENKER REVOCTR LENKER WILL	IAM D TRUSTEE		
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3525 039	234 DORE		\$680.06	0.02%
	•	Totals:	\$680.06	0.02%
	etition the Board of Supervisors to initiate spent of Supervisors to initiate spent petition the Board of Supervisors to the Board of Supe			
~	~		3-11-18	
Signature of Owr	ner or Authorized Representative		Date /	
WILL	am Leuker	415-710-5	5352/wille	D SNATTE (
Print Name of Ov	wner or Authorized Representative	Represen	tative Contact Phone or En	nail

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San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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Legal Owner: M	ICHOS FAMILY TR THEMISTOCLES G & I	ARE T MIC	
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3525 104	465 10TH ST, 井301	\$336.82	0.01%
		Totals: \$336.82	0.01%
	etition the Board of Supervisors to initiate spe		
	The petition the Board of Supervisors to mitte	te special assessment proceedings.	
V	& Muchios	Mouch 1	9, 2018
Signature of Own	ner or Authorized Representative	Date	
THEMISTO	CLES G. MICHOS	MicHos e empi	1.com
Print Name of Ov	vner or Authorized Representative	Representative Contact Phone	e or Email

PLEASE RETURN BY APRIL 20, 2018 TO:

MICHOS FAMILY TRUST

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

### PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ESTABLISH THE

#### SoMa West COMMUNITY BENEFIT DISTRICT

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD\* (hereafter "Plan").
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Legal Owner: D	ILAVER BARAN & RYAN PATRIC	*		
APN	Parcel Address (if known)		Parcel Assessmen	nt Parcel %
3525 106	465 10TH #303		\$264.24	0.01%
		Totals:	\$264.24	0.01%
	etition the Board of Supervisors to initiate spe			
Signature of Own	ner or Authorized Representative	_	9/23/18	3
Patric	iaRyan	P	redsh	er.com

**PLEASE RETURN TO:** 

Print Name of Owner or Authorized Representative

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805

Representative Contact Phone or Email

Email: aaron@urbanplaceconsulting.com

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Legal Owner: 9T	H STREET DESIGN CNTR LP			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3526 006	540 09TH		\$9,167.90	0.24%
		Totals:	\$9,167.90	0.24%
Yes, I pe	tition the Board of Supervisors to initiate sp	ecial assessment p	proceedings.	
No, I do	not petition the Board of Supervisors to init	ciate special assess	sment proceedings.	
$\overline{}$	AM	100 pm. of 1		
Dhu	-(BU)	/	0,24.18	<i>)</i> '
ignature of Own	er or Authorized Representative		Date	
		_		11.00
40000				1 1 (1) (3 )
JE KUINE	2 Dellach	_9	RODVYGORI	LLA@gm

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

### PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ESTABLISH THE

#### SoMa West COMMUNITY BENEFIT DISTRICT

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Legal Owner: 290	D DIVISION LLC			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3526 016	290 DIVISION		\$6,819.37	0.18%
	*			* 1
		Totals:	\$6,819.37	0.18%
	tition the Board of Supervisors to initiate sp not petition the Board of Supervisors to ini			
Brg	SA'(ACV)		3/22/2	018
Signature of Own	er or Authorized Representative	2	Date	
ANGU	IS M'CARHY	(415	5/269/	180
Print Name of Ow	ner or Authorized Representative	Represe	entative Contact Phone or I	Email

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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Legal Owner: 115	5 BRYANT ST LLC		
APN	Parcel Address (if known)	Parcel Assessment Par	cel %
3526 019B	1155 BRYANT	\$3,104.63	0.08%
		Totals: \$3,104.63	0.08%
Yes, I pet	ition the Board of Supervisors to initiate sp	pecial assessment proceedings.	
No, I do n	not petition the Board of Supervisors to init	tiate special assessment proceedings.	
1			
A		3/21/18	
Signature of Owne	r or Authorized Representative	bate	
Rubert	- Mellett	415-298-616	9
Print Name of Our	nor or Authorized Penrocentative	Panracantativa Cantact Phone or Email	

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SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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APN	Parcel Address (if known)	Parcel Assessme	ent Parcel %
3726 017	1038 HOWARD	\$1,060.44	0.03%
		Totals: \$1,060.44	0.03%
Yes, I pe	tition the Board of Supervisors to initiate spo	cial assessment proceedings.	
No, I do	not petition the Board of Supervisors to initi	ate special assessment proceeding	s.
No, I do	not petition the Board of Supervisors to initi	ate special assessment proceeding	S.
	not petition the Board of Supervisors to inition the Board of Supervisors th	ate special assessment proceeding  4 20 1  Date	

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Legal Owner: ER	IC DEBBANE TR DEBBANE ERIC TRUSTER			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3726 027	1078 HOWARD		\$1,467.58	0.04%
		Totals:	\$1,467.58	0.04%
7	not petition the Board of Supervisors to initiat			
	Helhe		4/20/	17
	er or Authorized Representative		Date Care	10
aignature of Own	er of Authorized Representative		Date	
ERIC	DEBBANE TRUST			
Print Name of Ow	vner or Authorized Representative		entative Contact Phone or En	nail

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APN	Parcel Address (if known)		Parcel Assessment	Parcel %	
3726 054	519 NATOMA	•	\$754.64	0.02%	
		Totals:	\$754.64	. 0.02%	
	tition the Board of Supervisors to initiate spo				
	not petition the Board of Supervisors to initiate spo				
7		iate special assess	sment proceedings.		
No, I do		iate special assess			

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Legal Owner: M	ARY STADLBERGER BYPASS TR HERBERT A MAR	ES & JEREMY ST	4 4 4 14
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3726 070	556 NATOMA	\$889.63	0.02%
		Totals: \$889.63	0.02%
_	tition the Board of Supervisors to initiate special not petition the Board of Supervisors to initiate		
		4/10/18	
Signature of Own	er or Authorized Representative	Date	
Jeremy St	paul berger, co-trustee	Jeremy @ a	Hasscrew.com
Print Name of Ou	mer or Authorized Representative	Representative Contact Phon	e or Email

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SoMa West CBD
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San Francisco, CA 94141-0805
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Legal Owner: MA	ARY STADLBERGER BYPASS TR HERBERT A MARK	ES & JEREMY	ST	*
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3726 071	560 NATOMA		\$615.60	0.02%
		Totals:	\$615.60	0.02%
	tition the Board of Supervisors to initiate special not petition the Board of Supervisors to initiate s			
Signature of Guya	A Consequent of Bonnes on to the Consequent of t	<u> </u>	4/10/18	
Signature of Own	er or Authorized Representative		Date	
Jeremy "	Stadberger co-trustee	je	every @ atlo	usscrew.com
Print Name of Ow	ner or Authorized Representative	Represe	entative Contact Phone o	r Email

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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**Legal Owner: BUTLER ERIC JOSEPH** 

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3726 118	195 07TH	\$93.31	0.00%
		Totals: \$93.31	0.00%
	tition the Board of Supervisors to initiate sp		
Signature of Own	er or Authorized Representative	3/21/201 <sub>Date</sub>	8
Eric B	2 4	COT DUT	LERQ gmail.com

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: M	ILMAN VADIM J			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3726 128	195 07TH		\$64.26	0.00%
		Totals:	\$64.26	0.00%
Yes, I pe	etition the Board of Supervisors to initiate s	pecial assessment p	proceedings.	
	not petition the Board of Supervisors to ini			
	The period the board of supervisors to mile	tiate special assess	ment procedures.	
1 - 1	102		Destates	
Signature of Own	ner or Authorized Representative		Date Date	0/8

PLEASE RETURN TO:

SoMa West CBD

P.O. BOX 410805

San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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Legal Owner: RO	NALD V AGCAOILI TR AGCAOILI RONALI	O V TRUSTEE	
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3726 139	195 07TH	\$65.95	0.00%
		Totals: \$65.95	0.00%
	tition the Board of Supervisors to initiate sponot petition the Board of Supervisors to initi		
MALL Signature of Owner	d V. Agreer V. Agreer or Authorized Representative	April 2, 20	018
	V. AGCADILI	Ponadageavili Representative Contact Phone or	

#### PLEASE RETURN BY APRIL 20, 2018 TO:

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San Francisco, CA 94141-0805
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Legal Owner: D	ON OLSON 2008 TRUST		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3726 141	195 07TH	\$69.86	0.00%
		Totals: \$69.86	0.00%
	etition the Board of Supervisors to initiate spo		
Signature of Own	Months of Authorized Representative	3/17/18 Date	
Print Name of O	Oム So Ni wner or Authorized Representative	SFDON OLSON  Representative Contact Phone	CGMAIL. COM

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD\* (hereafter "Plan").
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Local Owner: BRICE E BUILLING TRUST

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3726 143	195 07TH	\$67.12	0.00%
		Totals: \$67.12	0.00%
A	tition the Board of Supervisors to initiate spen		
		/ /	
Bu	er or Authorized Representative	9/18/20/ Date	-8
Signature of Own	ne pee	9/18/201	SSFe nail grail

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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Legal Owner: HAN	ISSENS NICHOLAS M		
APN	Parcel Address (if known)	. Parcel Assessment	Parcel %
3726 157	555 NATOMA	\$273.60	0.01%
		Totals: \$273.60	0.01%
	tion the Board of Supervisors to initiate special		
No, I do no	ot petition the Board of Supervisors to initiate s	special assessment proceedings.	
	dans	18 - Mar-2018	
Signature of Owner	r or Authorized Representative	Date	
(16)	Nicholas Hawssens		
Print Name of Own	er or Authorized Representative	Representative Contact Phone or En	nail

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

### PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ESTABLISH THE

#### SoMa West COMMUNITY BENEFIT DISTRICT

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Legal Owner: LA	THIGARA RAJ P		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3726 158	555 NATOMA	\$221.48	0.01%
		Totals: \$221.48	0.01%
h	Mi	1/20/10	
1	1////	1/0 1/10	
Signature of Own	er or Authorized Representative	3/2¢//V	<del> </del>

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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Legal Owner: Wi	HEELER ANDREW JAMES			
APN	Parcel Address (if known)	Parcel Asse	ssment Parcel	%
3726 170	542 NATOMA	\$437.19	0.01%	
		Totals: \$437.19	0.01%	
	tition the Board of Supervisors to initiate sp		dings.	
MA	1	Mar 20, 2	40 <i>18</i>	
Signature of Own	er or Authorized Representative	Da	te	
	Threele	andyoa	wheeler . (om act Phone or Email	
Print Name of Ow	mer or Authorized Representative	Representative Cont	act Phone or Email	

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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Legal Owner: KEI	VIP MICHAEL			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3726 191	574 NATOMA		\$72.23	0.00%
		Totals:	\$72.23	0.00%
Yes, I pet	ition the Board of Supervisors to initiate sp	ecial assessment	proceedings.	
No, I do	not petition the Board of Supervisors to init	iate special assess	sment proceedings.	
	-J			
//			2/2/10	
Signature of Owner	er or Authorized Representative	3 <del>-2-2-2</del>	Date	<del></del>
Michael	KemP		650 648 3017	
	ner or Authorized Representative		entative Contact Phone or Er	mail

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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el Assessment	Parcel %
78.	0.00%
78	0.00%
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noceedings.	
20/20/8 Date	
Date	
Control Phone 5	
	Date re Contact Phone or En

#### PLEASE RETURN BY APRIL 20, 2018 TO:

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P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

### PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ESTABLISH THE

#### SoMa West COMMUNITY BENEFIT DISTRICT

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Legal Owner: GI	RAUDBIT EMILIO			
APN	Parcel Address (if known)		Parcel Assessmen	nt Parcel %
3726 198	574 NATOMA		\$85.78	0.00%
		Totals:	\$85.78	0.00%
Ves Ine	tition the Board of Supervisors to initiate sp	necial assessment	proceedings	
LA res, The	tition the Board of Supervisors to initiate sp	eciai assessifient j	proceedings.	
No, I do	not petition the Board of Supervisors to init	tiate special assess	ment proceedings	
(100		9	2. A	
9/10			76-10	
Signature of Own	er or Authorized Representative		Date	The state of the state of
Emilio	Giraudbit			
	vner or Authorized Representative	Represe	entative Contact Ph	one or Email

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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Legal Owner: FIN	NNEY DENIS P & ISABELLE B				
APN	Parcel Address (if known)		Parcel Assessmen	nt Parcel %	
3726 199	574 NATOMA		\$75.61	0.00%	
		Totals:	\$75.61	0.00%	
	tition the Board of Supervisors to initiate spo				
Signature of Own	er or Authorized Representative		3/18/18 Date		_
Isabel	er or Authorized Representative	Ps a	belle b	finney Egman	1
Print Name of Ow	vner or Authorized Representative	Represei	ntative Contact Ph	none or Email CO	~

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: VO	DRREUTER JACOB R			
APN	Parcel Address (if known)	Parcel	Assessment	Parcel %
3726 204	537 NATOMA	\$147.3	35	0.00%
		Totals: \$147.3	95	0.00%
Yes, I pe	tition the Board of Supervisors to initiate spe	cial assessment proceedi	ings.	
	not petition the Board of Supervisors to initi			
0	4/1	3/2	1/2018	
	er or Authorized Representative		Date	
Jac	of Vorrector	310	-894-6	313

#### PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

**Print Name of Owner or Authorized Representative** 

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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PN	Parcel Address (if known)	Parcel Assessment	Parcel %
726 206	537 NATOMA #20+,	\$183.45	0.00%
		Totals: \$183.45	0.00%
Ves Inetiti	on the Board of Supervisors to Initiate spe		
The state of the s	ion ric power or apperaisons to uningre spe	ciai assessment proceedings.	
	on the source of supervisors to findate ape	cial assessment proceedings.	
	t petition the Board of Supervisors to initia		
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	가입하다 그 전 1000 전 100 		
	가입하다 그 전 1000 전 100 		
	가입하다 그 전 1000 전 100 		
— <sub>Д</sub> ыо, i do no	가입하다 그 전 1000 전 100 		
— <sub>Д</sub> ыо, i do no	t petition the Board of Supervisors to initia	te special assessment proceedings.	
— <sub>Д</sub> ыо, i do no	t petition the Board of Supervisors to initia	te special assessment proceedings.	<b>~</b>
No, I do no	t petition the Board of Supervisors to initia  Or Authorized Representative	the special assessment proceedings. $\frac{3 20 \sqrt{8}}{\text{Date}}$ $\boxed{650+26858}$	
No, I do no	t petition the Board of Supervisors to initia	te special assessment proceedings.	Email 43

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: YU	DOMINIC			
APN	Parcel Address (if known)	***	Parcel Assessment	Parcel %
3726 211	537 NATOMA		\$148.79	0.00%
		Totals:	\$148.79	0.00%
Yes, I pe	tition the Board of Supervisors to initiate spe	ecial assessment	proceedings.	
No, I do	not petition the Board of Supervisors to initia	ate special assess	ment proceedings.	
	1			
Domini	M.	0	018 September	27
	er of Authorized Representative		Date	
Domini	c Yy		tenpoeblytine	+
Print Name of Ou	yper or Authorized Representative	The second secon	entative Contact Phone or Fr	

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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Legal Owner: CU	ITLER GREGORY & PHILLIPS J			
APN	Parcel Address (if known)		Parcel Assessmen	nt Parcel %
3726 214	537 NATOMA		\$195.96	0.01%
		Totals:	\$195.96	0.01%
Yes, I pe	tition the Board of Supervisors to initiate sp	ecial assessment	proceedings.	
No, I do	not petition the Board of Supervisors to init	iate special assess	sment proceedings	
925	20m		0/9/201	8
Signature of Own	er or Authorized Representative		Date	
GREGOR.	n CITLER	Cu.	Hier2003	ayaho. com
	vner or Authorized Representative	Represe	entative Contact Ph	none of Email

PLEASE RETURN TO: SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

### PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ESTABLISH THE

#### SoMa West COMMUNITY BENEFIT DISTRICT

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Legal Owner: 15	D-7TH STREET PROPERTY LLC			2	
APN	Parcel Address (if known)		Parcel Assessment	Parcel	%.
3727 004	150 07TH		\$1,697.68	ř.	0.04%
		Totals:	\$1,697.68		0.04%
Yes, I pe	tition the Board of Supervisors to initiate special	assessment	proceedings.		
No, I do	not petition the Board of Supervisors to initiate s	pecial assess	ment proceedings.		
150	7th Street Projets, UC Managing Member		10):0		
1	Maraging Member		8/19/18		
Signature of Own	er or Authorized Representative		Date		
Ver	and w. Chury		415 788124	<b>ა</b>	
Print Name of Ow	mer or Authorized Representative	Represe	entative Contact Phone or Er	mail	

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD\* (hereafter "Plan").
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Legal Owner: LE	RTORA 1984 TRUST % ANTHONY C LER	TORA	
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3727 009	1112 HOWARD	\$546.26	0.01%
		Totals: \$546.26	0.01%
	tition the Board of Supervisors to initiate sp		
Signature of Own	er or Authorized Representative	04/04/2018 Date	
MYD LO	MIS CAMPONI	415,640.2304	DLC@TAHALAMO, Com

PLEASE RETURN BY APRIL 20, 2018 TO:

Print Name of Owner or Authorized Representative

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Representative Contact Phone or Email

Email: aaron@urbanplaceconsulting.com

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Legal Owner: MAMIYE			
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3727 012	1122 HOWARD	\$2,623.00	0.07%
		Totals: \$2,623.00	0.07%
	the Board of Supervisors to initiate special stition the Board of Supervisors to initiate		
Signature of Owner or	whorized Representative	10/4/2018 Date	
JACK ELI	MAMIYE Authorized Representative	646 - 379 - 3566  Representative Contact Phone or Fm	

#### **PLEASE RETURN TO:**

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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Legal Owner: AN	IERICAN CONSERVATORY THEAT			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3727 027	663 NATOMA		\$931.85	0.02%
		Totals:	\$931.85	0.02%
Yes, I pet	ition the Board of Supervisors to initiate sp	ecial assessment	proceedings.	
No, I do	not petition the Board of Supervisors to init	iate special assess	sment proceedings.	
CA2			01 110	
11	7	A	9/25/18	
Signature of Own	or Authorized Representative		Date act	-sf.org
Eeic Ba	RIVEE	el	Date act	t-sf.org
Print Name of Ow	ner or Authorized Representative	Represe	entative Contact Phone or E	mail

**PLEASE RETURN TO:** 

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APN	Parcel Address (if known)		Parcel Assessment		Parcel %
3727 031	651 NATOMA		\$641.66	15	0.02%
3755 154	12 BRUSH		\$250.46		0.01%
		Totals:	\$892.12		0.02%
No, I do	not petition the Board of Supervisors to init	ecial assessment			
No, I do	not petition the Board of Supervisors to init				
No, I do	not petition the Board of Supervisors to init		sment proceedings.	.018	7
Robert	not petition the Board of Supervisors to init		sment proceedings.	.018	

Print Name of Owner or Authorized Representative

Representative Contact Phone or Email

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Legal Owner: IY	ER SHEKHAR	*		
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3727 033	645 NATOMA		\$946.57	0.03%
		Totals:	\$946.57	0.03%
Yes, I pe	etition the Board of Supervisors to initiate spe	ecial assessment	proceedings.	
No, I do	not petition the Board of Supervisors to initi	ate special assess	sment proceedings.	
	Shehhar		Oct 7, 201	8
Signature of Owr	ner or Authorized Representative		Date	
SHEKH	AR IYER		415-404-644	6
	wher or Authorized Representative	Represe	entative Contact Phone or En	

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

### PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ESTABLISH THE

#### SoMa West COMMUNITY BENEFIT DISTRICT

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Legal Owner: 640	O NATOMA LLC		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3727 052	640 NATOMA	\$1,034.52	0.03%
		Totals: \$1,034.52	0.03%
	tition the Board of Supervisors to initiate spec not petition the Board of Supervisors to initia		
(/s		3/17/18	
Signature of Own	er or Authorized Representative	Date	THE PARTY OF THE P
James Li	Mgaypon for MO hutown	617-515-3100	
Print Name of Ow	ner or Authorized Representative	Representative Contact Phone or E	mail

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3727 065A	683 MINNA		\$541.35	0.01%
		Totals:	\$541.35	0.01%
Ves I pet	ition the Board of Supervisors to initiate sp	ecial assessment	proceedings	
No, I do n	not petition the Board of Supervisors to init	ate special assess	ment proceedings.	
1				
		4 4 4	17. AM 10	
ignature of Owne	er or Authorized Representative		MARIX Date	
ignature of Owner	er or Authorized Representative		17MP18	
ignature of Owner		di	17MAR 18 Date 1015	7

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APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3727 135	0	\$1,920.52	0.05%
		Totals: \$1,920.52	0.05%
Yes, I pe	tition the Board of Supervisors to initiate spe	ecial assessment proceedings.	
	not petition the Board of Supervisors to initi		
No, ruo	not petition the board of Supervisors to mit	ate special assessment proceedings.	
Sin	h	OCTOBER 18, 2	2018
Signature of Own	er or Authorized Representative	Date	
		415-973-557	U
Print Name of Ow	12 ISAACSON	110 119 1191	

PLEASE RETURN TO:

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San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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Legal Owner: JAI	MIE K WONG LIVING TR			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3727 149	180 07TH		\$194.66	0.01%
		Totals:	\$194.66	0.01%
Yes, I pe	tition the Board of Supervisors to initiate sp	ecial assessment	proceedings.	
No, I do	not petition the Board of Supervisors to init	iate special assess	ment proceedings.	
2			9/23/18	
Signature of Own	er or Authorized Representative		Date	
		* 1 - ma - mc m	Appendix and a second a second and a second	
Jamie W	long		Koyee, wong @ gma	iil. com
Print Name of Ow	oner or Authorized Representative	Represe	entative Contact Phone or Er	mail

PLEASE RETURN TO:

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P.O. BOX 410805
San Francisco, CA 94141-0805

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Legal Owner: STI	REETER JONATHAN P			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3727 157	180 07TH		\$139.94	0.00%
		Totals:	\$139.94	0.00%
Yes, I per	tition the Board of Supervisors to initiate sp	ecial assessment	proceedings.	
	not petition the Board of Supervisors to init			
10,100	not petition the board of Supervisors to file	iate special assess	inent proceedings.	
			,	
Jan F	Sh		Marel 19, 2018	
Signature of Own	er or Authorized Representative		Date	
JONATHA	N P. STREETER	jon	athan.streeter	e gmail.com
Print Name of Ow	ner or Authorized Representative	Represe	entative Contact Phone or En	nail

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Legal Owner: CA	ASH K FRANK		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3727 159	180 07TH	\$191.41	0.01%
		Totals: \$191.41	0.01%
Yes, I pe	etition the Board of Supervisors to initiate spec	ial assessment proceedings.	
No, I do	not petition the Board of Supervisors to initial	e special assessment proceedings.	
1/1-	=1-1	, ,	
Signature of Own	ner or Authorized Representative	3/12/20 Date	18
K. FR.	ANK CASH	Landras	h@GHALL.COM

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San Francisco, CA 94141-0805
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LOCAL CHARGE A STORAGE DEVOC TOTORAGE MICHAEL A

APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3727 161	180 07TH		\$169.65	0.00%
		Totals:	\$169.65	0.00%
Yes, I pe	tition the Board of Supervisors to initiate spo	ecial assessment p	proceedings.	
No, I do	not petition the Board of Supervisors to initi	ate special assess	ment proceedings.	
1				
Don't		9/1	112218	
Signature of Own	er or Authorized Representative	40	Date	
4.10	MARS			
01 111 60	ner or Authorized Representative	-	entative Contact Phone or En	

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San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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Legal Owner: LY	NCH SHAWN		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3727 177	638 MINNA	\$194.55	0.01%
	्रा इत् मा स्थापनिय इत् । अगर्य	Totals: \$194.55	0.01%
	tition the Board of Supervisors to initiate spe		
	1		
1	Myrd	10/05/18	×
Signature of Own	or or Authorized Representative	/ Date /	
SK	in Lynch	Shawalanch:	BOODA Prail. COM
Print Name of Ow	vner or Authorized Representative	Representative Contact Phone or	Email

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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APN	Parcel Address (if known)		Parcel Assessme	nt Parcel 9
3727 179	638 MINNA		\$295.40	0.01%
1		Totals:	\$295.40	0.01%
Yes Ine	tition the Board of Supervisors to initiate spe	ecial assessment	proceedings	
163,1 pc	tition the board of Supervisors to initiate spe	eciai assessinent	proceedings.	
No, I do	not petition the Board of Supervisors to initi	iate special asses	sment proceeding	s.
No, I do	not petition the Board of Supervisors to initi	iate special asses	sment proceeding	š.
No, I do	not petition the Board of Supervisors to initi	ate special asses	sment proceeding	5.
No, I do	not petition the Board of Supervisors to initi	iate special asses	sment proceeding	1010/
No, I do	not petition the Board of Supervisors to initi	iate special asses	on 23	1018
V	not petition the Board of Supervisors to initi	iate special asses	sment proceeding	2018
V	er or Authorized Representative	iate special asses	0/13/	2018
V	4	iate special asses	0/13/	2018

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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Legal Owner: Mi	chella Stephen/quigley Colleen M			
APN	Parcel Address (if known)		Parcel Assessmen	nt Parcel %
3727 180 638 MINNA	638 MINNA		\$295.40	0.01%
		Totals:	\$295.40	0.01%
	ition the Board of Supervisors to initiate spont			
Ami	Ser.		4/19/2018	
Signature of Own	er of Authorized Representative		Date	
A. Kevin	Cenrey ner or Authorized Representative	314	-800-4017	AKCONROYUR @GMAIL.COM
Print Name of Ow	ner or Authorized Representative	The second secon	entative Contact Ph	

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: MA	ACKRETH AMY		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3727 196	190 7TH	\$230.33	0.01%
			·
		Totals: \$230.33	0.01%
XX		9/25/	18
Signature of Own	er or Authorized Representative	/ Date /	
Amy M	1ackreth	Mackreth (	ayahoo.con

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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Legal Owner: MI	JRPHY TRUST THOMAS F & MARTI	NA MURPHY	
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3727 206	637 NATOMA	\$368.81	0.01%
3727 207	637 NATOMA	\$260.40	0.01%
3727 208	637 NATOMA	\$267.31	0.01%
3727 209	637 NATOMA	\$365.55	0.01%
3727 210	637 NATOMA	\$260.40	0.01%
3727 211	637 NATOMA	\$396.18	0.01%
3727 212	637 NATOMA	\$363.73	0.01%
3727 213	637 NATOMA	\$363.73	0.01%
		Totals: \$2,646.10	0.07%
Yes, I per	tition the Board of Supervisors to initiate sp		0.079
No, I do	not petition the Board of Supervisors to ini	tiate special assessment proceedings.	
9		3 23 2018	
Signature of Own			
	er or Authorized Representative	l Dåte	

#### PLEASE RETURN BY APRIL 20, 2018 TO:

TOMOARALONPROPERTIES. COM

OM MURPHY

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: LAN	NDAU MICHAEL S & WILSON S			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3727 218	660 NATOMA		\$234.82	0.01%
		1980 1190	Totals: \$234.82	0.01%
	ition the Board of Supervisors to initial not petition the Board of Supervisors to			
	Le		09/25/2018	i,
Signature Owner	er or Authorized Representative		Date	
Michae	1 Landau		m@Landau.u	5
Print Name of Ow	ner or Authorized Representative		Representative Contact Phone or Em	nail

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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Legal Owner: RO	SENFELD MITCHELL S & SACH			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3727 223	626 CNATOMA		\$196.07	0.01%
		Totals:	\$196.07	0.01%
Yes, I pet	tition the Board of Supervisors to initiate spec	cial assessment	proceedings.	
No, I do	not petition the Board of Supervisors to initia	te special assess	sment proceedings.	
			21-1114	
/	W	V. Carrier	3/24/18	
The state of the s	er or Authorized Representative		Date	
101.1	11 S. Rosen Feld	1115	- 928 - 38	- 3
11, te he	11 >, Rosenteld	413	-100 38	3 )
Print Name of Ow	ner or Authorized Representative	Represe	entative Contact Phone or Er	mail

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
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San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: JC 8	BTH STREET PROPERTIES LL		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3728 006	156 08TH	\$2,061.23	0.05%
	$\hat{\mathbf{x}} \in \mathcal{D}(c_{n,j,\mathbf{x}})$	Totals: \$2,061.23	0.05%
		50/1000	
Yes, I pet	ition the Board of Supervisors to initiate spec	ial assessment proceedings.	
$\equiv$			
No, I do r	not petition the Board of Supervisors to initial	e special assessment proceedings.	
	1	0.7	
	60	9/27/19	
Signature of Owner	er or Authorized Representative	Date	
19FG E	W PHAN	(411)559-9/04	
Print Name of Ow	ner or Authorized Representative	Representative Contact Phone or Ema	ail

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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Legal Owner: KRUTMAN THOMAS	M		
APN Parcel Ac	dress (if known)	Parcel Assessmen	t Parcel %
3728 013 1230 HO		\$848.43	0.02%
		Totals: \$848.43	0.02%
	Supervisors to initiate speci	al assessment proceedings. e special assessment proceedings.	
The A	_	3-18-1	8
Signature of Owner or Authorized R	epresentative	Date	
Thomas Keutin	19~	Tomek	RUTMAN.com
Print Name of Owner or Authorized	Representative	Representative Contact Pho	one or Email

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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Legal Owner: AY	ROUT ESSLA U/BENZ JENNIFER			
APN	Parcel Address (if known)	Parcel As	ssessment	Parcel %
3728 039	736-738 NATOMA	\$896.67		0.02%
		Totals: \$896.67		0.02%
Yes, I pet	ition the Board of Supervisors to initiate sp	cial assessment proceeding	gs.	
	not petition the Board of Supervisors to init			
140,140	iot pedidon the Board of Supervisors to fill	ate special assessment prot	ceediiigs.	
01	- B -	4-13	-18	
Signature of Own	er or Authorized Representative		Date	
50		S 1	. —	
Junis	r Benz	Jenbe	nz w SW	rait.com
Print Name of Ow	ner or Authorized Representative	Representative Co	ontact Phone or En	nail

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Legal Owner: Recreation and Park Department Parcel Address (if known) APN **Parcel Assessment** Parcel % 3730 091 1129 Howard \$1,781.67 0.05% \$2,494.60 0.07% 3731 012 1004 Folsom \$20,906.54 3754 016 55 Sherman 0.55% Totals: \$25,182.81 0.66% Yes, I petition the Board of Supervisors to initiate special assessment proceedings. No, I do not petition the Board of Supervisors to initiate special assessment proceedings. Signature of Owner or Authorized Representative dan N. Ruced

**PLEASE RETURN TO:** 

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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Legal Owner: SFCC

APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3509 008A	1314 Howard		\$9,087.92	0.24%
3753 313	935 Folsom		\$3,888.90	0.10%
3759 043	450 6 <sup>th</sup> St	, <sup>†</sup> 8	\$1,667.13	0.04%
3779 031	555 7 <sup>th</sup> St		\$1,192.81	0.03%
3779 032	555 7 <sup>th</sup> St		\$6,040.78	0.16%
779 042	555 7 <sup>th</sup> St		\$356.37	0.01%
779 043	555 7 <sup>th</sup> St	5	\$356.37	0.01%
779 044	555 7 <sup>th</sup> St		\$356.37	0.01%
3779 141	555 7 <sup>th</sup> St		\$356.37	0.01%
	t a s	7		61
		Totals:	\$23,303.03	0.61%

Yes, I petition the Board of Supervisors to initiate sp	ecial assessment proceedings.
No, I do not petition the Board of Supervisors to init	iate special assessment proceedings.
	9
Inda Bued	9/27/18
Signature of Owner or Authorized Representative	Date
London W. Breed	(4B)554-669Le
Print Name of Owner or Authorized Representative	Representative Contact Phone or Email

#### **PLEASE RETURN TO:**

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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Legal Owner: City Property

Print Name of Owner or Authorized Representative

950 Bryant \$3,159.64 0.08% 9758 128 930 Bryant \$2,658.04 0.07% 9759 042 425 7 <sup>th</sup> St \$112,403.94 2.95% 9755 010 356 7 <sup>th</sup> St \$759.88 0.02% 9781 008 934 Brannan \$7,462.41 0.20%  Totals: \$126,470.91 3.32%  Yes, I petition the Board of Supervisors to initiate special assessment proceedings.  No, I do not petition the Board of Supervisors to initiate special assessment proceedings.	APN	Parcel Address (if known)		Parcel Assessment	Parcel %
759 042	758 127	950 Bryant		\$3,159.64	0.08%
755 010 755 010 751 008 755 010 755 010 751 008 755 010 755 010 755 010 755 010 755 010 755 010 755 010 \$759.88 0.02% 0.20%  Totals: \$126,470.91 3.32%  Yes, I petition the Board of Supervisors to initiate special assessment proceedings.  No, I do not petition the Board of Supervisors to initiate special assessment proceedings.	758 128	930 Bryant		\$2,658.04	0.07%
781 008 934 Brannan \$7,462.41 0.20%  Totals: \$126,470.91 3.32%  Yes, I petition the Board of Supervisors to initiate special assessment proceedings.  No, I do not petition the Board of Supervisors to initiate special assessment proceedings.  4124 18	759 042	425 7 <sup>th</sup> St		\$112,403.94	2.95%
Yes, I petition the Board of Supervisors to initiate special assessment proceedings.  No, I do not petition the Board of Supervisors to initiate special assessment proceedings.  4124 18	755 010	356 7 <sup>th</sup> St		\$759.88	0.02%
Yes, I petition the Board of Supervisors to initiate special assessment proceedings.  No, I do not petition the Board of Supervisors to initiate special assessment proceedings.  912418	781 008	934 Brannan		\$7,462.41	0.20%
No, I do not petition the Board of Supervisors to initiate special assessment proceedings.  And Bued  9/24/18			Totals:	\$126,470.91	3.32%
Small Seed  Ignature of Owner or Authorized Representative  9121178  Date					
gnature of Owner or Authorized Representative Date					
	No, I do	not petition the Board of Supervisors to ini		sment proceedings.	

#### **PLEASE RETURN TO:**

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD\* (hereafter "Plan").
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Legal Owner: NA	TOMA LLC			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3728 045	770 NATOMA		\$808.19	0.02%
		Totals:	\$808.19	0.02%
=	tition the Board of Supervisors to initiate spo not petition the Board of Supervisors to initi			
	the ligarity		3/20/18	
Signature of Øwn	er or Authorized Representative		Date	
AND REAL	s Bunjamin		and reash 136	hotmail. co.
Print Name of Ow	oner or Authorized Representative	Represe	entative Contact Phone or En	nail

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3728 046	774 NATOMA		\$501.45	0.01%
		Totals:	\$501.45	0.01%
Yes, I pe	tition the Board of Supervisors to initiate specia	l assessment p	proceedings.	
No, I do	not petition the Board of Supervisors to initiate	special assess	ment proceedings.	
				WHE III INC. AL. II
601			11 1 22 2	
husentor			March 22, 2019	0
	or of Authorized Depresentative		Date	
Ignature of Own	er of Authorized Representative			
	OS / MA ELOISA MENDUZA	malo	y gini@amail	com

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Legal Owner: M	INNA LLC	•	
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3728 059	733 MINNA	\$583.23	0.02%
3728 060	729 MINNA	\$560.37	0.01%
3728 061	723 MINNA	\$700.07	0.02%
		Totals: \$1,843.68	0.05%
=	not petition the Board of Supervisors to initiate spe		
Signature of Owr	ner or Authorized Representative	03/13/18 Date	
Alens	I as post	415-306-211	<

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

The full SoMa West CBD Management Plan and Engineer's Report can be found at http://www.somawestcbd.org. For more information regarding formation of the SoMa West CBD, or if you believe any of the information stated in this petition is incorrect,

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Legal Owner: C	IMENT PHYLLIS				
APN	Parcel Address (if known)		Parcel Assessmen	nt Par	cel %
3728 091	747 NATOMA		\$157.40	0.00%	
		Totals:	\$157.40	0.00%	
	etition the Board of Supervisors to initiate spec				
Phys Signature of Oke	fls Coment ner or Authorized Representative		9-23-1 Date	8	
Phyl	1/15 Ciment				
Print Name of O	wner or Authorized Representative	Represe	entative Contact Ph	one or Email	

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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APN	Parcel Address (if known)	Pa	rcel Assessment	Parcel %	
3728 092	747 NATOMA	\$1	\$167.30		
		Totals: \$1	67.30	0.00%	
	ition the Board of Supervisors to initiate spec not petition the Board of Supervisors to initia				
	The second of supermoors to military	te special assessme	The proceedings.		
	lun	a	nie 4, 20	18	
Signature of Owner	er or Authorized Representative	V	Date		
Print Name of Ow	ner or Authorized Representative	Representa	tive Contact Phone or Em	nail	

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: MA	ARTINEZ JULIAN R	et.		
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3728 093	747 NATOMA	Te-us	\$160.27	0.00%
		Totals:	\$160.27	0.00%
Yes, I pet	ition the Board of Supervisors to initiate spe	ecial assessment	proceedings.	
No, I do r	not petition the Board of Supervisors to initi	ate special assess	sment proceedings.	
	- 1			
Chulian	Ryfanday 2		4/17/18	
Signature of Owne	er or Authorized Representative		Date	
1				
Julian	R/Mertinez			
Print Name of Ow	ner or Authorized Representative	Represe	entative Contact Phone or Er	nail

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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APN	Parcel Address (if known)	Pa	rcel Assessment	Parcel %
3728 100	7410 NATOMA	\$2	10.01	0.01%
	· · · · · · · · · · · · · · · · · · ·	Totals: \$2	10.01	0.01%
Yes, I per	tition the Board of Supervisors to initiate special ass	essment prod	eedings.	
<u></u>				
No, I do	not petition the Board of Supervisors to initiate spe	cial assessme	nt proceedings.	
No, I do	not petition the Board of Supervisors to initiate spe	cial assessmen	nt proceedings.	
No, I do	not petition the Board of Supervisors to initiate spe	cial assessmen	nt proceedings.	
-	not petition the Board of Supervisors to initiate spe	cial assessmen	nt proceedings.	
-	Person	cial assessmen	5 55618	- Pyahoo.com

PLEASE RETURN TO:

SolMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805

Ernail: aaron@urbanplaceconsulting.com

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Legal Owner: D	ELOURA MARK			
APN	Parcel Address (if known)		Parcel Assessmen	nt Parcel %
3728 105	786 MINNA		\$196.29	0.01%
		Totals:	\$196.29	0.01%
	etition the Board of Supervisors to initiate sponsor petition the Board of Supervisors to initiate			
111	10011			
ignature of Own	De Lours  ner or Authorized Representative	Ap	r. 14,20 Date	18
_	DeLoura	m d	eloura la	Satori. org
	wner or Authorized Representative	Represe	ntative Contact Ph	one or Fmail

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

#### PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ESTABLISH THE

#### SoMa West COMMUNITY BENEFIT DISTRICT

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Legal Owner: LE	ниу в			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3728 106	786 MINNA		\$239.16	0.01%
		Totals:	\$239.16	0.01%
Yes I pet	ition the Board of Supervisors to initiate sp	ecial assessment i	proceedings.	
No, I do I	not petition the Board of Supervisors to init	ciate special assess	ment proceedings.	
Ar.	A		3/20/18	
Signature of Own	er or Authorized Representative		Date	
Iliv	16	/n or	) II ( 1) ( / 2	
1107		1400	1464-5331,	

#### PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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#### SoMa West COMMUNITY BENEFIT DISTRICT

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Legal Owner: BA	AVUSO JAMES A JR			
APN	Parcel Address (if known)	*	Parcel Assessment	Parcel %
3728 107	786 MINNA		\$212.19	0.01%
		Totals:	\$212.19	0.01%
Yes, I pe	etition the Board of Supervisors to initiate spe	ecial assessment r	proceedings.	
No, I do	not petition the Board of Supervisors to initi	ate special assess	ment proceedings.	
	710	N. C. (1830) - N. C. (180) - N. C. (180)		
	10/130		3/26/18	
			0,00,,	
Signature of Owr	ner or Authorized Representative		Date	

PLEASE RETURN BY APRIL 20, 2018 TO:

Print Name of Owner or Authorized Representative

Representative Contact Phone or Email

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: BUS	H CARON M			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3728 108	786 MINNA		\$249.06	0.01%
		Totals:	\$249.06	0.01%
	tion the Board of Supervisors to initiate spot petition the Board of Supervisors to init			
a C	El		3/8/18	
Signature of Owner	or Authorized Representative		Date	
Caron Bu	ish		15-260-8713	

#### PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
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Legal Owner: VI	LA JENNIFER L & RICHARD			
APN	Parcel Address (if known)	14 14	Parcel Assessment	Parcel %
3728 109	786 MINNA		\$241.51	0.01%
		Totals:	\$241.51	0.01%
Yes, I pe	etition the Board of Supervisors to initiate sp	ecial assessment p	proceedings.	
	not petition the Board of Supervisors to init			
No, ruo	not petition the board of Jupervisors to line	iate special assess	ment proceedings.	
01	) /.[		r 1	
/ tout	es Ida		3/25/18	
ignature of owr	ner or Authorized Representative		/ Date /	
/ 10	· .			
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	rer VIIa	1	Longs feyahoo	·com

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD\* (hereafter "Plan").
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Legal Owner: Wi	RAY JONATHAN			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3728 110	786 MINNA	,	\$178.44	0.00%
		Totals:	\$178.44	0.00%
<del></del>	tition the Board of Supervisors to initiate spenot petition the Board of Supervisors to initia			
		***************************************	3/26/2018	
Signature of Own	er or Authorized Representative		Date	
Jonathan	Wrang	14	4 10)7960 8257	2 <i>0</i> 0
Print Name of Ow	ner or Authorized Representative	Represe	ntative Contact Phone or En	nail

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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Legal Owner: NE	WTON KRISTEN		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3728 113	786 MINNA	\$241.51	0.01%
		Totals: \$241.51	0.01%
No, I do	not petition the Board of Supervisors to init	ate special assessment proceedings.	
Signature of Own	er or Authorized Representative	31718 Date	
Signature of Own	er of Authorized Representative	Dute	
KINSTER	J NEWTON	415.244.9	289
Print Name of Ow	oner or Authorized Representative	Representative Contact Phone	or Email

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Legal Owner: LIA	AMOS MEGAN N		
APN	Parcel Address (if known)	Parcel Asses	ssment Parcel %
3728 116	786 MINNA	\$241.90	0.01%
	wale	Totals: \$241.90	0.01%
Yes, I pe	etition the Board of Supervisors to initiate sp	ecial assessment proceedings.	
No, I do	not petition the Board of Supervisors to init	ate special assessment proceed	dings.
May	111		
// // // // //	X   10   11 >	1011100	10
1044	(gul)	10/1/201	15
Signature of Own	or Authorized Representative	10 1   20  Dat	te

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San Francisco, CA 94141-0805

Representative Contact Phone or Email

Email: aaron@urbanplaceconsulting.com

The full SoMa West CBD Management Plan and Engineer's Report can be found at http://www.somawestcbd.org. For more information regarding formation of the SoMa West CBD, or if you believe any of the information stated in this petition is incorrect, please contact Aaron Aulenta at aaron@urbanplaceconsulting.com.

Print Name of Owner or Authorized Representative

### PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ESTABLISH THE

#### SoMa West COMMUNITY BENEFIT DISTRICT

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Legal Owner: FREI	DLUND MICHAEL ANDREW			
APN	Parcel Address (if known)		Parcel Assessmen	rt Parcel %
3728 126	701 MINNA		\$210.23	0.01%
		Totals:	\$210.23	0.01%
Yes, I petit	tion the Board of Supervisors to initiate spe	ecial assessment	proceedings.	
	ot petition the Board of Supervisors to initi			
Michan	2 Freallys		3-28-	18
Signature of Owner	r or Authorized Representative		Date	
Michael	Fredlind	415	-815-85	550
Print Name of Own	er or Authorized Representative	Represe	entative Contact Ph	one or Email

#### PLEASE RETURN BY APRIL 20, 2018 TO:

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San Francisco, CA 94141-0805
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Legal Owner: BIL	LIG R LYNNE ALSPAW		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3728 131	701 MINNA	\$316.16	0.01%
		Totals: \$316.16	0.01%
	tition the Board of Supervisors to initiate sp		
Plynic Signature of Own	les pour Belling er of Authorized Représontative	4/11/17 Date	
RLynne A	Ispan Billig	rlabs3@hotmail.ce	e m

#### PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

SoMa West CBD
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San Francisco, CA 94141-0805
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APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3728 134	701 MINNA	\$196.54	0.01%
		Totals: \$196.54	0.01%
Yes, I pe	tition the Board of Supervisors to initiate spe	ecial assessment proceedings.	
No. I do	not petition the Board of Supervisors to initi	ate special assessment proceedings	
,		ace special assessment proceedings.	
		ate special assessment procedurings.	
	M	4/1/18	,
	er or Authorized Representative	4   1   18	,
Signature of Own	M	4/1/18	, 784 ° <del>4</del>
Signature of Own	er or Authorized Representative	4 1 18 Date	

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3728 136	701 MINNA	\$316.16	0.01%
		Totals: \$316.16	0.01%
Yes, I per	tition the Board of Supervisors to initiate spe	cial assessment proceedings.	
No, I do	not petition the Board of Supervisors to initi	ite special assessment proceedings.	
		4/1/19	,
0		46/10	
Signature of Own	er or Authorized Representative		<u> </u>
	er or Authorized Representative	4	53 ; jan. micdegno

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	Dancel Address (if he arms)	David Acces	Donas I O/
PN 728 137	Parcel Address (if known) 701 MINNA	Parcel Assess \$223.52	0.01% Parcel %
20 137	701 WINNE		0.0170
		Totals: \$223.52	0.01%
Yes, I pe	tition the Board of Supervisors to initiate sp	ecial assessment proceedings.	
No Ido	not petition the Board of Supervisors to init	ate special assessment proceed	ings
140,140	not petition the board of Supervisors to line	ate special assessment proceed	mgs.
110			
Kr)		3/20/	12018
Manager of Own	ner or Authorized Representative	3/20/ Date	2018
gnature of Own	1	Date	2
Snature of Own	ner or Authorized Representative  M Davison	Date	2018 hotmail.com

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APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3728 140	1234 HOWARD	\$252.75	0.01%
		Totals: \$252.75	0.01%
Yes, I pe	tition the Board of Supervisors to initiate sp	ecial assessment proceedings.	
No, I do	not petition the Board of Supervisors to initi	iate special assessment proceedings.	
	e version and the second		Paragraphic Control
		.//	
		4/2/	6
Signature of Own	er or Authorized Representative	4/20/16 Dayle	9
Signature of Own	er or Authorized Representative	4/20/16 Dayle	6)
V	er or Authorized Representative	Dayle  Representative Contact Pho	6)

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Legal Owner: MO	CALISTER ROBERT O				
APN	Parcel Address (if	known)		Parcel Assessment	Parcel %
3728 141	1234 HOWARD	24.2		\$205.18	0.01%
			Totals:	\$205.18	0.01%
Yes, I pel	tition the Board of Supervis	ors to initiate spec	ial assessment (	proceedings.	•
No, I do	not petition the Board of S	upervisors to initiat	te special assess	ment proceedings.	
210			······································		
12/01	n alut			4/19/18	
Signature of Own	er or Authorized Represent	tative		Date	
Robert	McAlister		16	3gmeadou	egnail (a)
Print Name of Ou	uppe or Authorized Papeaco	ntativa	Panrace	ntative Contact Phone or Er	nall U

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APN	Parcel Address (if known)	Parcel Asses	sment	Parcel %
3728 145	1234 HOWARD	\$258.48		0.01%
		Totals: \$258.48		0.01%
No, I do i	not petition the Board of Supervisors to init	ate special assessment procee	dings.	
			dings.	
Ramian	Gavent, Tree	ate special assessment procee	dings.	
Ramian				
Providere of Owner	Gavent, Tree	3/21/18	re	

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Legal Owner: FERRARI ROSS & KERRY NORTON

APN Parcel Address (if known) Parcel Assessment

728 148 1234 HOWARD \$205.45 0.01%

Totals: \$205.45 0.01%

Yes, I petition the Board of Supervisors to initiate special assessment proceedings.

No, I do not petition the Board of Supervisors to initiate special assessment proceedings.

Signature of Owner or Authorized Representative

Print Name of Owner or Authorized Representative

Representative Contact Phone or Email

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3728 149	1234 HOWARD	··································	\$258.48	0.01%
		Totals:	\$258.48	0.01%
No, I do	not petition the Board of Supervisors to initiate	special assess	sment proceedings.	
		Manusco		***************************************
Ille	deserval alan	5/3	0/11	
	er or Authorized Representative	,	Date	
Signature of Own	er of Authorized Representative			
/ -	ESER / SUSANNA MALAN	401	396 9437	

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Email: aaron@urbanplaceconsulting.com

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Legal Owner: KIN	/ LINDA			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3728 151	1234 HOWARD		\$205.18	0.01%
		Totals:	\$205.18	0.01%
	tition the Board of Supervisors to initiate sp not petition the Board of Supervisors to init			
Linda	le:		/5/18	
Signature of Own	er or Authorized Representative		Date	
Linda t	<del>kim</del>			
Print Name of Ow	mer or Authorized Representative	Represe	ntative Contact Phone or En	nail

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD\* (hereafter "Plan").
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	Parcel Address (if known)		Parcel Assessment	Parcel 9
3728 153	1234 HOWARD		\$261.61	0.01%
3728 154	1234 HOWARD		\$260.30	0.01%
		Totals:	\$521.91	0.01%
Yes, I pet	ition the Board of Supervisors to initiate spo	ecial assessment j	proceedings.	
No. I do :	not petition the Board of Supervisors to initi	•-•···	mant accountings	
	tot Bennon me pond of Jakel date to this	iate special assess	ment proceedings.	
***********	to the reconstruction of School Albert in 1981	iate special assess	ment proceedings.	
		iate special assess		
	) alon	iate special assess	4 - 19 - 18	₹°
1		iate special assess		5
Signature of Owner	arlon		4-19-18	

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West C8D
P.O. 80X 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: MO	CGANTY BRANDON T			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3728 155	1234 HOWARD		\$205.18	0.01%
		Totals:	\$205.18	0.01%
Yes, I pet	tition the Board of Supervisors to initiate sp	ecial assessment	proceedings.	
No, I do	not petition the Board of Supervisors to init	iate special assess	sment proceedings.	
Rom	1. 11/2		3/21/18	
Signature of Own	er or Authorized Representative		Date	
Bran	Son MCGany		415-297 9700	
	ner or Authorized Representative	Represe	entative Contact Phone or Er	nail

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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Legar Owner. me	GANTY BRANDON		
APN	Parcel Address (if known) =	Parcel Assessment	Parcel %
3728 156	1234 HOWARD	\$205.45	0.01%
		Totals: \$205.45	0.01%
Yes, I peti	tion the Board of Supervisors to initiate specia	al assessment proceedings.	
Tes, i peti	tion the board of Supervisors to initiate specif		
No, I do n	ot petition the Board of Supervisors to initiate		
No, I do n			
No, I do n			
No, I do n			
Zan			
Signature of Owner	ot petition the Board of Supervisors to initiate	e special assessment proceedings.	

### PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

### SoMa West COMMUNITY BENEFIT DISTRICT

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Legal Owner: CA	ARMAN ANDREW C		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3728 181	121 09TH	\$136.17	0.00%
		Totals: \$136.17	0.00%
	tition the Board of Supervisors to initiate spenot petition the Board of Supervisors to initiate		
Signature of Own	per or Authorized Representative	3/19/18 Date	
Andre	wher or Authorized Representative	Carmandre W Representative Contact Phone or En	a gnail, com

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: CH	RISTENSEN DUSTIN BAMM MATHEW				
APN	Parcel Address (if known)		Parcel Assessmen	nt Parce	el %
3728 184	121 09TH		\$121.97	0.00%	
		Totals:	\$121.97	0.00%	_
James I	tition the Board of Supervisors to initiate special not petition the Board of Supervisors to initiate				
	Paywor er or Authorized Representative		26 May	2018	
MATHEN	BAMM	Ч	15-610-3	209	

PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

**Print Name of Owner or Authorized Representative** 

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3728 187	121 09TH	*	\$141.12	0.00%
		Totals:	\$141.12	0.00%
Yes, I pet	tition the Board of Supervisors to initiate spe	cial assessment	proceedings.	
No Ido	not petition the Board of Supervisors to initia	ate special assess	sment proceedings	
No, ruo	not petition the board of supervisors to mite	ite special assess	sment proceedings.	
			2010 HMX-1000 HT-000	
Coult	er or Authorized Representative		3/21/2018	
Signature of Own	er or Authorized Representative		Date	
CARLTO	ON C. JONES	_ 5	10/849-14589	8
A STATE OF THE PARTY OF THE PAR	ner or Authorized Representative		entative Contact Phone or En	

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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Legal Owner: ED	WARDS STEPHANIE		
APN	Parcel Address (if known)	Parcel Assessm	ent Parcel %
3728 188	121 09TH	\$140.60	0.00%
		Totals: \$140.60	0.00%
Yes, I pe	tition the Board of Supervisors to initiate spe	cial assessment proceedings.	
-			
No, I do	not petition the Board of Supervisors to initia	ate special assessment proceeding	gs.
SAN		1 1	
(SV)	vard	3/21/1	8
Signature of Own	er or Authorized Representative	bate	
		-1 1 -01	0110/2000
STEPHAN	JIE EDWARDS	steph_Ca	@yahoo.com

#### PLEASE RETURN BY APRIL 20, 2018 TO:

Print Name of Owner or Authorized Representative

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Representative Contact Phone or Email

Email: aaron@urbanplaceconsulting.com

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Legal Owner: YA	NG DENNIS TED				
APN	Parcel Address (if known)			Parcel Assessment	Parcel %
3728 193	742 NATOMA			\$331.51	0.01%
			Totals:	\$331.51	0.01%
Yes I ne	tition the Board of Supervisors to initiate	special as	sessment i	proceedings.	
No, I do	not petition the Board of Supervisors to i	initiate spe	cial assess	ment proceedings.	
1			4.	13/18	
X			7	13   10	
Signature of Own	er or Authorized Representative			Date	
000000	C N//			1 = - 20 20 15	1
DENNI	JANY 3		4	415.223.3919	,

### PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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<u>APN</u>	Parcel Address (if known)	Parcel Assessme	ent Parcel 9
3728 194	743 Minna	\$286.61	0.01%
	•	Totals: \$286.61	0.01%
^ <u></u>	tition the Board of Supervisors to initiate specia		
No,1do	not petition the Board of Supervisors to initiate	special assessment proceeding	S.
	1 0		
Suh	ai Karnoli	May 2	20 2018
Signature of Own	au Yauu u er or Authorized Representative	May 2	20 2018
	er or Authorized Representative  KAMBAR	May 2 Joate 415 279	

### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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	4
Legal Owner: Suhani KAMDAR	Land 412, 119
APN 37-28-194 Parcel Address (if known)	Structure 274, 747
	Parcel Assessment Parcel %
543 Minna Street	\$ 6
San Francisco CA	Land + Structure - \$ 686, 86 6
94103	Totals:
Yes, I petition the Board of Supervisors to initiate special as	ssessment proceedings.
No, I do not petition the Board of Supervisors to initiate spe	ecial assessment proceedings.
	9
1,	
O ha! Vani	100 15 2018
sundi ruman	May 13 2010
Signature of Owner or Authorized Representative	Date
Subani KAMNAR	1/15 279 2500
30010111 MATERIAL	415-277-3520
Print Name of Owner or Authorized Representative	Representative Contact Phone or Email
	4.0-
DI FACE DET	SVE () O, COM
Suhani KAMDAR  Print Name of Owner or Authorized Representative	Sho Cio, can

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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APN .	Parcel Address (if known)		Parcel Assessment	Parcel %
3729 005	260 08TH		\$2,809.00	0.07%
		*		
	u.	Totals:	\$2,809.00	0.07%
	ition the Board of Supervisors to initiate spends		roceedings.	
			roceedings.	
			roceedings.	
			roceedings.	

Representative Contact Phone or Email

PLEASE RETURN BY APRIL 20, 2018 TO:

Print Name of Owner or Authorized Representative

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

#### SoMa West COMMUNITY BENEFIT DISTRICT

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Legal Owner: 120	0 FOLSOM STREET LLC C/O LEVON NISHKIAN			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3729 006	1200 FOLSOM		\$5,602.36	0.15%
		Totals:	\$5,602.36	0.15%
	tion the Board of Supervisors to initiate special a			
				man a province desired desired
	( ) ·		4-5-18	
Signature of Owne	r or Authorized Representative		Date	
LEYO	N MISHKIAN	L	115-541-	1477
Print Name of Own	ner or Authorized Representative	Represe	entative Contact Phone or Em	iail

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD\* (hereafter "Plan").
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- 3. We petition the Board of Supervisors to initiate special assessment district proceedings in accordance with applicable state and local laws (California Streets and Highways Code Sections 36600 et sq. "Property and Business Improvement District Law of 1994" as augmented by the City and County of San Francisco Business and Tax Regulation Code Article 15 "Business Improvement District Procedure Code").
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Legal Owner: VI	VACE PROPERTIES LLC			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3729 013	1234 FOLSOM		\$1,213.49	0.03%
		Totals:	\$1,213.49	0.03%
	tition the Board of Supervisors to initiate spe not petition the Board of Supervisors to initia			
Signature of Own	er or Authorized Representative		3/12/2018 Date	-
VIVIN	ACEBIL	Vi	VIANACEBALG	DME.COM

### PLEASE RETURN BY APRIL 20, 2018 TO:

Print Name of Owner or Authorized Representative

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Representative Contact Phone or Email

Email: aaron@urbanplaceconsulting.com

- SoMa West COMMUNITY BENEFIT DISTRICT
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	Parcel Address (if known)		Parcel Assessmer	t Parcel %
3729 016	1256 FOLSOM		\$850.52	0.02%
		Totals:	\$850.52	0.02%
Yes, I pet	ition the Board of Supervisors to initiate spe	ecial assessment p	roceedings.	
$\overline{A}$				
No, I do I	not petition the Board of Supervisors to initia	ate special assessi	ment proceedings.	
			- Ing Ing.	,
1 . 1			The second secon	
Mu	4 /	1	home	5 2018
MM/Signature of Owner	A Grant Authorized Representative		Date	5,2018
Mul.	A Control of the Cont		Date	5,2018
Signature of Owner	A FRACHIA		6000 Date 10	6 2206

### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

### SoMa West COMMUNITY BENEFIT DISTRICT

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Legal Owner: HA	APPY CAMPER LLC			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3729 028	771 CLEMENTINA		\$604.52	0.02%
		Totals:	\$604.52	0.02%
Yes, I pet	tition the Board of Supervisors to initiate sp	ecial assessment	proceedings.	
	not petition the Board of Supervisors to init			
<u>C</u>			4/3/18	
Signature of Own	er or Authorized Representative		Date	
Steve &	Solliann		362-292	2

PLEASE RETURN BY APRIL 20, 2018 TO:

Print Name of Owner or Authorized Representative

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Representative Contact Phone or Email

Email: aaron@urbanplaceconsulting.com

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Legal Owner: STE	WART LUKE TORVEND			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3729 030	765 CLEMENTINA	'	\$656.65	0.02%
	,	Totals:	\$656.65	0.02%
r <b>√</b> 1 ∨es I net	ition the Board of Supervisors to initiate spe	acial assessment i	roceedings	
Tes, i pet	ition the board of Supervisors to initiate spe	eciai assessificiic į	oroceedings.	
No, I do r	not petition the Board of Supervisors to initi	ate special assess	ment proceedings.	
17	1 40 -		_	
Wul			10/19/18	
Signature of Owne	er or Authorized Representative		Date	
<u>.</u>				
Luke	Stewart		415) 336-018	4
Print Name of Ow	ner or Authorized Representative		entative Contact Phone or Er	

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SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3729 031	759 CLEMENTINA		\$712.68	0.02%
		Totals:	\$712.68	0.02%
Yes, I pe	tition the Board of Supervisors to initiate spe	ecial assessment <sub>l</sub>	proceedings.	
No, I do	not petition the Board of Supervisors to initi	ate special assess	ment proceedings.	
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
Signatuke or own	MULLO 33 er or Authorized Representative	***************************************	4/3//8	

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Legal Owner: O'FLYN	NN BRIAN % BRIAN O'FLYNN			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3729 032	747 CLEMENTINA		\$603.88	0.02%
		Totals:	\$603.88	0.02%
	n the Board of Supervisors to initiate spe			
No, I do not	petition the Board of Supervisors to initia	ate special assess	ament proceedings.	
Signature of Owner of	Authorized Replesentative		5 (2 (18	:
BRIAN	) O'FZYNN	b	mof 1230	gmail.com
Print Name of Owner	or Authorized Representative	Represe	entative Contact Phone or Em	ail

### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: OF	LYNN BRIAN MURPHY			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3729 034	743 CLEMENTINA		\$847.94	0.02%
		Totals:	\$847.94	0.02%
Yes, I pe	tition the Board of Supervisors to initiate sp	ecial assessment	proceedings.	
No, I do	not petition the Board of Supervisors to init	iate special assess	sment proceedings.	
	<u> </u>			
Signature of Own	er or Authorized Representative	<u></u>	5/12/18 Pate	·
BRIA	N OFFYNN	<u></u> <u>\</u>	@ ES) fomo	gmail.com
Print Name of Ow	vner or Authorized Representative	Represe	entative Contact Phone or Er	nàt <b>r</b>

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SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805
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Legaj Owner: KN	OX MELBURN C & MAMORSKY E		•	
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
729 035	737 CLEMENTINA		\$774.83 .	0.02%
		Totals:	\$774.83	0.02%
X 1	itain also Brand of Committee by this and	:_1	<del>-    </del>	
Yes,   pet	tition the Board of Supervisors to initiate sp	ecial assessment p	oroceeaings.	
No. I do i	not petition the Board of Supervisors to init	iate special assess	ment proceedings.	
1,0,1,40	not petition the Board of Super Hoofs to this			
	-			
	Mr.		/ 1	
	Maria		3/13/13	
Signature of Own	er or Authorized Representative		3/13/15 Date	7
Signature of Own	Fror Authorized Representative		3/13/15 Date 3/15	?
signature of Own	of Authorized Representative		3/13/15	en il con

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APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3729 036	735 CLEMENTINA	\$603.10	0.02%
		Totals: \$603.10	0.02%
	cition the Board of Supervisors to initiate spe not petition the Board of Supervisors to initi		
111-			
/ Will	5	3/15/18	
Signature of Own	er or Authorized Representative	3/15/18 Date	
Signature of Own			

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	EN JIANFENG			
APN	Parcel Address (if known)		Parcel Assessm	ent Parcel %
3729 042	716 CLEMENTINA		\$683.36	0.02%
		Totales	Aces 20	0.020/
	ter		\$683.36	0.02%
No, I do	not petition the Board of Supervisors to in	nitiate special assess	sment proceeding	S.
			9/24	
Signature of Own	er or Authorized Representative		9/29 Date 1	12018

**PLEASE RETURN TO:** 

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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Legal Owner: BAL	DO FAMILY TRUST	ANDREA BALDO & V	VIVIAN ACEBA		
APN	Parcel Addre	ss (if known)	No. of the A	Parcel Assessment	Parcel %
3729 043	720 CLEMEN		- 1	\$913.99	0.02%
			Totals:	\$913.99	0.02%
		ervisors to initiate spe			
Signature of Owne	r or Authorized Repre	esentative		3/12/2018	
VIVIAN Print Name of Own	ACEBAL ner or Authorized Rep	presentative	State of the latest and the latest a	IANACEBAL entative Contact Phone of	@HE.COM

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Legal Owner: HO	LLOWAY JOHN M & KATE P	<del></del>		
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3729 044	728 CLEMENTINA		\$605.18	0.02%
	·	Totals:	\$605.18	0.02%
	ition the Board of Supervisors to initiate s not petition the Board of Supervisors to in			
	/h			
John Ho	lbwa		10/30/18	
Signature of Owner	er or Authorized Representative		Date	
John	Holloway	johnk	holloway 79@gn entative Contact Phone or Er	ngil-com
Print Name of Ow	ner or Authorized Representative	Represe	entative Contact Phone or Er	mail

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SoMa West CBD
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San Francisco, CA 94141-0805
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Legal Owner: 73	O CLEMENTINA STREET LLC		
APN	Parcel Address (if known)	Parcel Asses	ssment Parcel %
3729 045	730 CLEMENTINA	\$669.68	0.02%
		Totals: \$669.68	0.02%
	etition the Board of Supervisors to initiate sp not petition the Board of Supervisors to init		dings.
Signature of Owr	ner or Authorized Representative	5/12 Date	2/18
BRIAN	1 O FLYNN	bmof	1230 gmail.co
Print Name of Ov		**************************************	

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Email: aaron@urbanplaceconsulting.com

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Legal Owner: O'l	FLYNN BRIAN % BRIAN O'FLYNN		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3729 046	736 CLEMENTINA	\$1,093.16	0.03%
		Totals: \$1,093.16	0.03%
Yes, I per	tition the Board of Supervisors to initiate spe	ecial assessment proceedings.	
	not petition the Board of Supervisors to initi		
4	2M9l	5/12/18	<u> </u>
Signature of Own	er or Authorized Representative	Date	
BRIP	M OFLINN	pmof 12309	zmail.com

#### PLEASE RETURN BY APRIL 20, 2018 TO:

Print Name of Owner or Authorized Representative

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

Representative Contact Phone or Email

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Legal Owner: R	OBERT & KAREN GRIGGI TRUSTROBERT & KA	REN GRIGGI TRUST	
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3729 048	744 CLEMENTINA	\$972.89	0.03%
		Totals: \$972.89	0.03%
	etition the Board of Supervisors to initiate spoon on the Board of Supervisors to initi		
Raven Signature of Ow	ner or Authorized Representative	3/28/18 Date	
Kacen Print Name of O	Griga wher or Authorized Representative	415-339-22 Representative Contact Phone	

### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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| Parcel Address (if known) | Parcel Assessment | Parcel % | 136 BRWANT | 127,171.22 | 0.63% | 128 BRWANT | 127,171.22 | 0.63% | 128 BRWANT | 127,171.22 | 0.63% | 128 BRWANT |

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SoMa West CBD

P.O. BOX 410805

San Francisco, CA 94141-0805

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Legal Owner: SE	YMOUR JULIE ANN		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3729 055	782 CLEMENTINA	\$559.57	0.01%
		* 2	
		Totals: \$559.57	0.01%
4			
Yes, I pet	tition the Board of Supervisors to initiate spe	cial assessment proceedings.	
No. I do	not petition the Board of Supervisors to initia	ate special assessment proceedings.	
		03-20-2018	
Signature of Own	A A A A A A A A A A A A A A A A A A A	Date	
	er or Authorized Representative		
JULIE A	er or Authorized Representative		
	. SEYMOUR  vner or Authorized Representative		

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3729 062	769 TEHAMA		\$746.28	0.02%
3729 063	763 TEHAMA		\$741.66	0.02%
		100 Table 1		
		2000		
		Totals:	\$1,487.94	0.04%
	ion the Board of Supervisors to initiate sp			
			sment proceedings.	
			sment proceedings.	2018
No, I do no			sment proceedings.	2018
No, I do no	ot petition the Board of Supervisors to init	tiate special assess	9/21/	
No, I do no	ot petition the Board of Supervisors to init	tiate special assess	9/21/	Zo/P lifegroup

PLEASE RETURN TO:

P.O. BOX 410805

San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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Legal Owner: Ki	ERR JUSTIN D		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3729 066	735 TEHAMA	\$626.10	0.02%
		Totals: \$626.10	0.02%
Yes, I pe	etition the Board of Supervisors to initiate spe	cial assessment proceedings.	
100,10	and of Supervisors to minute spe	and assessment procedurings.	
No, I do	not petition the Board of Supervisors to initi	ate special assessment proceedings.	
		1. 1.14	
611	))/(		
ignature of Own	nef or Authorized Representative	Date	
^		0.1.2	
JUST	IN KORR	949 85	77 7822
wint Name of O	wher or Authorized Representative	Representative Contact Phone	

PLEASE RETURN TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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APN	Parcel Address (if known)	*	Parcel Assessment	Parcel %
3729 081	209 09TH		\$3,113.90	0.089
		Totals:	\$3,113.90	0.08%
Yes, I pe	etition the Board of Supervisors to initiate spe	ecial assessment	proceedings.	
			0	
	not petition the Board of Supervisors to initia			
No, I do	not petition the Board of Supervisors to initia			
No, I do			ment proceedings.	

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Print Name of Owner or Authorized Representative

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P.O. BOX 410805
San Francisco, CA 94141-0805
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Representative Contact Phone or Email

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APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3729 091	1220 FOLSOM # (		\$577.48	0.02%
		Totals:	\$577.48	0.02%
	tition the Board of Supervisors to initiate spec not petition the Board of Supervisors to initial			NO
,				1000
Signature of Own	er or Authorized Representative		A VI Date	18

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Local Owner, HEADLANDS DEAL SCHATE LLC

APN -	Parcel Address (if known)		Parcel Assessment	Parcel %
3729 098	1235 BHOWARD	•	\$377.85	0.01%
3729 099	1235 CHOWARD		\$380.58	0.01%
3729 097	1235 AHOWARD		\$383.58	0.01%
		Totals:	\$1,142.01	0.03%
	ition the Board of Supervisors to initiate special not petition the Board of Supervisors to initiate s			
No, I do n	not petition the Board of Supervisors to initiate s			
No, I do n				
No, I do n	not petition the Board of Supervisors to initiate s	special assess	ment proceedings.	KEN-MARTINE Email MIKESBI

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San Francisco, CA 94141-0805
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Legal Owner: SI	NGER DAVID W & SUSAN J			
APN	Parcel Address (if known)	Pa	rcel Assessment	Parcel %
3729 101	714 TEHAMA	\$5	03.07	0.01%
		Totals: \$5	03.07	0.01%
	tition the Board of Supervisors to initiate sp not petition the Board of Supervisors to init			
Grown &	Parene		131/18	
Signature of Own	er or Authorized Representative	5	Date	
SUSAN	SINGER	sisiv	nger am ac.	com
Print Name of Ow	vner or Authorized Representative	Representa	tive Contact Phone or E	mail

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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Legal Owner: WI	CKERS ANNE FORTUNE		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3729 104	1233	\$243.63	0.01%
		Totals: \$243.63	0.01%
Yes, I pe	tition the Board of Supervisors to initiate spe	cial assessment proceedings.	
No, I do	not petition the Board of Supervisors to initia	ate special assessment proceedings.	
7	Which	A.1.1	O.
anne	Willens	October 13, 20	18
Signature of Own	er or Authorized Representative	Date	
0	201	A.,	
Unne	VVICKEVS	(415) 350 -0	973
Print Name of Ow	ner or Authorized Representative	Representative Contact Phone or	

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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Legal Owner: MO	ONTAGUT TERESA RAMIREZ		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3729 105	1233	\$247.02	0.01%
		Totals: \$247.02	0.01%
Yes, I pet	tition the Board of Supervisors to initiate spe	ecial assessment proceedings.	
No, I do	not petition the Board of Supervisors to initi	ate special assessment proceedings.	
	7 11	<u> </u>	
1.5/	augett -	12. 14	2013
Juga	WWIII'S	FINIT	010
Signature of Own	er or Authorized Representative	Date	
12001	MULPEZ - MONTHAUT	trunitagit	a amail. coh
CLUAT N	AMICES INNIGOU		
ELEGA SPrint Name of Ow	AMIREZ - MANTHEUT ner or Authorized Representative	Representative Contact Phone	e a mai.

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

#### PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ESTABLISH THE

#### SoMa West COMMUNITY BENEFIT DISTRICT

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD\* (hereafter "Plan").
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Legal Owner: D	OLMATCH BAIT L			
APN.	Parcel Address (if known)	Parcel Asses	sment Parce	1%
3729 107	1233	\$265.65	0.01%	
		Totals: \$265.65	0.01%	_
	etition the Board of Supervisors to initiate sp		lings.	
Bout Signature of Ow	ner or Authorized Representative	Marcal	25,2018	_
RART	DOLMATCH	DUSTER5405	BEGLOBALINE	ET

#### PLEASE RETURN BY APRIL 20, 2018 TO:

Print Name of Owner or Authorized Representative

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: SUNGU JITENDAR S

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3729 118	1233 HOWARD	\$254.32	0.01%
		Totals: \$254.32	0.01%
Yes, I pe	tition the Board of Supervisors to initiate spe	cial assessment proceedings.	
No, I do	not petition the Board of Supervisors to initi	ate special assessment proceedings.	
			At the second se
Q-		7/14/18	7
Signature of Own	er or Authorized Representative	Date	
Titandar	Sunga	559360797	1) & jsungulyamo.com
Print Name of Ou	vner or Authorized Representative	Representative Contact Phor	an Empire

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD\* (hereafter "Plan").
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Legal Owner: WI	INTERS ERIC M		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3729 120	1233	\$319.21	0.01%
		Totals: \$319.21	0.01%
	tition the Board of Supervisors to initiate spe		
No, I do	not petition the Board of Supervisors to initia	ite special assessment proceedings.	
4	A	3/24/18	
1	er or Authorized Representative	Date	
ERIC N	1 WINTERS	FAIL M. EWI	NTERS@ GMALL. COM
Print Name of Ow	ner or Authorized Representative	Representative Contact Phone of	

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3729 123	725 TEHAMA	\$365.38	0.01%
		Totals: \$365.38	0.01%
	ition the Board of Supervisors to initiate speci- not petition the Board of Supervisors to initiate		
202		3/27/18	
Jo	er or Authorized Representative	3/27/18 Date	
Signature of Own			

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San Francisco, CA 94141-0805
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Local Owner: DETERS VEITU & S. BAAV MONITE

Legal Owliel. FL	TERS RETTH A & WAT-WONT			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3729 126	761 TEHAMA		\$266.87	0.01%
		Totals:	\$266.87	0.01%
<del></del>	tition the Board of Supervisors to initiate spe			
No, I do	not petition the Board of Supervisors to initia	ate special assess	ment proceedings.	
Signature of Own	er or Authorized Representative	_Q	3/ <i>20 J8018</i>	
ACM WA	May - Month her or Authorized Representative	(415) Represe	179-1590 Joint	Ogenand Keith.com

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Legal Owner: TU	DO MARK			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3729 128	761 TEHAMA		\$272.08	0.01%
		Totals:	\$272.08	0.01%
	cition the Board of Supervisors to initiate spen on petition the Board of Supervisors to initi			
	Na		note and	•
Signature of Own	er or Authorized Representative		Oct 8, 20/8	
MARI	< TUDO	m	arky Tudo @	ogmail.com
Print Name of Ow	ner or Authorized Representative	Represe	entative Contact Phone or Er	māiP

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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Legal Owner: CO	LLINSON STEVEN		
APN .	Parcel Address (if known)	Parcel Assessm	nent Parcel %
3729 130	761 TEHAMA	\$203.15	0.01%
4			
		Totals: \$203.15	0.01%
A	^4		
A 1	^*		
(Van 6	lusa	3/25	118
Signature of Own	er or Authorized Representative	Date	
STEVEN	COLLINSON	415	863 6015 (H)
The state of the s	ner or Authorized Representative	Representative Contact	Phone or Email

#### PLEASE RETURN BY APRIL 20, 2018 TO:

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San Francisco, CA 94141-0805
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APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3729 138	761 TEHAMA		\$198.85	0.01%
		Totals:	\$198.85	0.01%
Yes, I pe	tition the Board of Supervisors to initiate sp	ecial assessment p	proceedings.	
No, I do	not petition the Board of Supervisors to init	tiate special assess	ment proceedings.	
6				
			3-19-2018	
Signature of Own	er or Authorized Representative		Date	
Empet	Quintanilla		415-307-03	20
EVIKUTO	Vulsutanilla		4/3-30 1-03	28
	0 0110111111111111111111111111111111111	-	110	

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Legal Owner: CH	OU RAYMOND R			
APN	Parcel Address (if known)	Parcel Asse	ssment	Parcel %
3729 142	1277 HOWARD	\$149.52	0.00%	
		Totals: \$149.52	0.00%	
	tition the Board of Supervisors to initiate spo not petition the Board of Supervisors to initi		dings.	
Signature of Own	er or Authorized Representative	4/2 Da	0/18 te	
	nond Chan		D RCHON OG	MAIL. Con
Print Name of Ow	vner or Authorized Representative	Representative Cont	act Phone or Email	

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San Francisco, CA 94141-0805
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	ENAS JOHNNY RICHARD			
APN -	Parcel Address (if known)		Parcel Assessment	Parcel %
3729 146	1277 HOWARD		\$217.41	0.01%
		Totals:	\$217.41	0.01%
Yes, I pet	ition the Board of Supervisors to initiate spe	ecial assessment p	proceedings.	
Bounnell				
No, I do i	not petition the Board of Supervisors to initi	ate special assess	ment proceedings.	
No, I do i	not petition the Board of Supervisors to initi	ate special assess	ment proceedings.	
No, I do r	not petition the Board of Supervisors to initi			
No, I do i	not petition the Board of Supervis	ors to initi	Audio y and Miles of the control of	ors to initiate special assessment proceedings.
9/6	not petition the Board of Supervisors to initi		ment proceedings.  Mr-18  Date	

#### PLEASE RETURN BY APRIL 20, 2018 TO:

Print Name of Owner or Authorized Representative

Representative Contact Phone or Email

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: LA	RRY ESPINOSA TRUST 2004 ESPINOSA LARF	Y TRUSTEE		
APN	Parcel Address (if known)	P	arcel Assessment	Parcel %
3729 152	776 TEHAMA	\$	205.03	0.01%
		Totals: \$	205.03	0.01%
	tition the Board of Supervisors to initiate spe not petition the Board of Supervisors to initia			
, No, ruo	not petition the board of Supervisors to mitte	ate special assessing	ent proceedings.	
	R. Eypino		10/15/18	
Signature of Own	er or Authorized Representative	Miles and the second	/ Date	
LAFFY	R. ESPINOSA	CA	REY740 CO	MCAST. NET
A STATE OF THE STA	upor or Authorized Penrecentative	Dansacant	ative Contact Phone or Fr	

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3729 155	776 TEHAMA ₹(14	* ***	\$205.03	0.01%
		Totals:	\$205.03	0.01%
Yes, I pe	etition the Board of Supervisors to initiate spe	ecial assessment	proceedings.	
No, I do	not petition the Board of Supervisors to initi	ate special assess	ment proceedings.	
No, I do	not petition the Board of Supervisors to initi	iate special assess	ment proceedings.	
No, I do	not petition the Board of Supervisors to initi	ate special assess	ment proceedings.	
No, I do	not petition the Board of Supervisors to initi	iate special assess		.02
/at	n H	iate special assess	9/26/20	18
/at	not petition the Board of Supervisors to initi	iate special assess		18
a the signature of Own	ner or Authorized Representative	iate special assess	9/26/20	18
Signature of Own	n H	iate special assess	9/26/20	18

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Legal Owner: JA	Y BLAKESBERG & LAURIE B BBLAKESBERG J	AY E & BIENSTOC		
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3729 159	745 CLEMENTINA		\$597.48	0.02%
/		Totals:	\$597.48	0.02%
	not petition the Board of Supervisors to initiate sp			
S			10-01-18	
Signature of Owr	er or Authorized Representative		Date	
JAM	Blalesbla		JAY @ bl	alosbes. com
Print Name of Ov	vner or Authorized Representative	Represe	entative Contact Phone or Em	nail

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San Francisco, CA 94141-0805
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APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3729 160	, 745 CLEMENTINA		\$457.92	0.01%
		Totals:	\$457.92	0.01%
No, I do no	ot petition the Board of Supervisors to init	iate special assess	ment proceedings.	
An	Sulf		3-11-18	·
		***		<del></del>
Signature of Owner	or Authorized Representative		Date	,
	or Authorized Representative	415-	710 - 4288/	1 JAMES@

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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Legal Owner: OS	HEA FIONA M			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3729 171	777 ATEHAMA	*	\$186.21	0.00%
		Totals:	\$186.21	0.00%
	tition the Board of Supervisors to initiate spen			
Signature of Own	er or Authorized Representative		3/22/2018	
FIONA	O'SHEA	Fa	oshea Qama	il. com
Print Name of Ow	oner or Authorized Representative	Represe	entative Contact Phone or Er	nail

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD\* (hereafter "Plan").
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Legal Owner: PA	AUL R KING TRUST KING PAUL R TRUST	EE		
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3729 173	781 TEHAMA		\$186.21 ,	0.00%
		Totals:	\$186.21	0.00%
Yes, I pe	tition the Board of Supervisors to initiate spo	ecial assessment	proceedings.	
No. Ide	not notition the Deard of Compressors to initi	ista spacial assass	ement proceedings	
No, I do	not petition the Board of Supervisors to initi	ate special assess	sment proceedings.	
			37318	
Signature of Own	ner or Authorized Representative		<u> </u>	
	,			
Va-1	R. Kirs		415 244.1	282
Print Name of Ov	vner or Authorized Representative	Represe	entative Contact Phone or E	mail

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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Legal Owner: 52 RAUSCH LP

APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3730 024Z			\$0.00	0.00%
3730 087Z		NI W	\$0.00	0.00%
730 281	52 RAUSCH ST UNIT 202		\$248.33	0.01%
730 010Z			\$0.00	0.00%
730 017Z	. ·		\$0.00	0.00%
730 023Z			\$0.00	0.00%
730 044Z			\$0.00	0.00%
730 007Z			\$0.00	0.00%
730 009Z			\$0.00	0.00%
730 277	52 RAUSCH ST UNIT 102		\$168.45	0.00%
730 280	52 RAUSCH ST UNIT 201		\$193.08	0.01%
730 282	52 RAUSCH ST UNIT 301		\$199.99	0.01%
730 283	52 RAUSCH ST UNIT 302		\$201.81	0.01%
730 279	52 RAUSCH ST UNIT 104		\$234.13	0.01%
730 276	52 RAUSCH UNIT 101		\$164.54	0.00%
730 278	52 RAUSCH ST UNIT 103		\$180.18	0.00%
	, .	Totals:	\$1,590.52	0.04%

3/30 2/0	32 10 (03011 01011 101		7101.51	0.0070
3730 278	52 RAUSCH ST UNIT 103		\$180.18	0.00%
		Totals:	\$1,590.52	0.04%
Yes, I pet	ition the Board of Supervisors to initiate sp	pecial assessment	proceedings.	
No, I do r	not petition the Board of Supervisors to ini	tiate special assess	sment proceedings.	
		*		
	4		5/8/16	
Signature of Owner	er or Authorized Representative		Date	
Sidher	The bakirely		into @ Square on	e management, con
Print Name of Ow	ner or Authorized Representative	Represe	entative Contact Phone o	r Email

#### PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ESTABLISH THE

#### SoMa West COMMUNITY BENEFIT DISTRICT

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD\* (hereafter "Plan").
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Legal Owner: 243 E	IGHTH STREET LLC		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3730 034	243 08TH	\$1,742.78	0.05%
		Totals: \$1,742.78	0.05%
principal in the second	on the Board of Supervisors to initiate spe t petition the Board of Supervisors to initia		
Signature of Owner	or Authorized Representative	0312F1261F	
Print Name of Owne	r or Authorized Representative	Representative Contact Phone or	L. can Email 9117

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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APN Parcel Address (if known) Parcel Assessment 93730 101 58 LANGTON \$907.48 0.02%  Totals: \$907.48 0.02%  Yes, I petition the Board of Supervisors to initiate special assessment proceedings.  No, I do not petition the Board of Supervisors to initiate special assessment proceedings.  When the Board of Supervisors to initiate special assessment proceedings.  Handle F. Janday  Hall Signature of Owner or Authorized Representative  Date	Legal Owner: In	OMAS WHITING LVG TRUST THOMAS WHITIN	G		
Totals: \$907.48  O.02%  Yes, I petition the Board of Supervisors to initiate special assessment proceedings.  No, I do not petition the Board of Supervisors to initiate special assessment proceedings.	APN	Parcel Address (if known)		Parcel Assessment	Parcel %
Yes, I petition the Board of Supervisors to initiate special assessment proceedings.  No, I do not petition the Board of Supervisors to initiate special assessment proceedings.  Wandu J Janchay  Gland Grand Gra	3730 101	58 LANGTON		\$907.48	0.02%
No, I do not petition the Board of Supervisors to initiate special assessment proceedings.  Wandu J. Janchary  Signature of Owner or Authorized Representative  Date	(*)		Totals:	\$907.48	0.02%
, , ,	Yes, I pe	tition the Board of Supervisors to initiate specia	l assessment p	roceedings.	
, , ,	No, I do	not petition the Board of Supervisors to initiate	special assess	ment proceedings.	
			special assess	ment proceedings.	

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

The full SoMa West CBD Management Plan and Engineer's Report can be found at http://www.somawestcbd.org. For more information regarding formation of the SoMa West CBD, or if you believe any of the information stated in this petition is incorrect, please contact Aaron Aulenta at aaron@urbanplaceconsulting.com.



-4 Page mailer to prop...BD.pdf

#### PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ESTABLISH THE

#### SoMa West COMMUNITY BENEFIT DISTRICT

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD\* (hereafter "Plan").
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Legal Owner: CLI	NTON JAMES			
APN	Parcel Address (if known)		Parcel Assessmen	nt Parcel %
3730 102	64 LANGTON		\$761.54	0.02%
	*	Totals:	\$761.54	0.02%
Ves I net	tition the Board of Supervisors to initiate sp	erial assessment	proceedings	
No, I do	not petition the Board of Supervisors to init	iate special assess	ment proceedings.	
		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		
Man	1/1		3/18/	100
Signature of Own	er or Authorized Representative	-	Date	18
Same	es Clinton		(619) 24	3-9222

PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa WestCommunity Be ne it District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD\* (hereafter "Plan").
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APN	Parcel Address(if known)		Parcel Asse same nt	Parœl %
3730 120	7 LANGTON		\$1,549.87	0.049
		Totals:	\$1,54987	0.04 9
Yes, I petit	ion the Board of Supervisors to initiate spe	ecial assessment p	proceedings.	
	ot petition the Board of Supervisors to initia			
No, ruo no	t petition the board of supervisors to mind	ate special assess	ment proceedings.	
	~ A		4.1	
			11111	1
E	or Authorized Representative		9/26/12 Date	8

PLEASE RETURN TO:

SoMa West CBD

P.O. BOX 410805

San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3730 130	1000 RAUSCH		\$297.21	0.01%
3755 027	7 HERON		\$1,978.06	0.05%
		Totals:	\$2,275.27	0.06%
		ecial assessment pr		
No, I do n	ot petition the Board of Supervisors to init			
M. Ch	ı	ate special assessn	ent proceedings.	
M. Ch	ot petition the Board of Supervisors to init	ate special assessn	nent proceedings.	

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APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3730 133	1 RAUSCH	\$245.09	0.01%
		Totals: \$245.09	0.01%
Yes, I pe	tition the Board of Supervisors to initiate spe	al assessment proceedings.	
No, I do	not petition the Board of Supervisors to initi	e special assessment proceedings.	
Pa	2 By	26-SEP-	2018
Pa	not petition the Board of Supervisors to initi		2818

PLEASE RETURN TO:

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San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: LIB	KE TODD & ROSNER CHERYL			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3730 134	1000 RAUSCH		\$371.48	0.01%
		Totals:	\$371.48	0.01%
Yes, I per	tition the Board of Supervisors to initiate sp	ecial assessment	proceedings.	
No, I do	not petition the Board of Supervisors to initi	iate special assess	sment proceedings.	
			11/2/2	
Signature of Own	er or Authorized Representative		9/18/30/ Date	8
Todd	Libke		lodd. libke	(Da)main
Print Name of Ow	mer or Authorized Representative	Renrese	entative Contact Phone or I	-mail

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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Logal Owner BICHARDSON LEROY H

APN	Parœl Addre ss(if known)	Parce I Asse same nt	Parœl %
3730 170	73 SUMNER	\$261.14	0.01%
		Totals: \$261.14	001%
Yes, I pe	etition the Board of Supervisors to initiate spe	cial assessment proceedings.	
No, I do	not petition the Board of Supervisors to initia	ate special assessment proceedings.	
10			
Signature of Own	er or Authorized Representative	10-5-2018 Date	2
Levay	H. Richardson	leeebark	ing cars, con

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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Legal Owne r: ST	REIT JONATHAN		
APN	Parœl Addre ss(if known)	Parce I Asse same nt	Parce 1 %
3730 179	1150 FOLSOM	\$241.73	0.01%
		Totals: \$241.73	0.01 %
	tition the Board of Supervisors to initiate sp		
Signature of Own	er or Authorized Representative	10 · 24.18 Date	
Jonathan		jon. Streita	

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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Legal Owner: LOPEZ JORGE & BURNAMAN JACK

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3730 181	1150 FOLSOM	\$241.21	0.01%
		Totals: \$241.21	0.01%
Yes, I pe	tition the Board of Supervisors to initiate spe	ecial assessment proceedings.	
No, I do	not petition the Board of Supervisors to initi	ate special assessment proceedings.	
Vage	2 apr	3/20/18	
Signature of Own	er or Authorized Representative	Date	
Jorg		Lopeaburn Representative Contact Phone or En	egmail. con
Print Name of Qv	yner or Authorized Representative	Representative Contact Phone or En	nail
		puchamani	6001.com
	PLEASE RETUR	N BY APRIL 20, 2018 TO:	

P.O. BOX 410805 San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

SoMa West CBD

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD\* (hereafter "Plan").
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Legal Owner: BRI	GNONE CYRIL .		
APN	. Parcel Address (if known)	Parcel Assessment	Parcel %
3730 183	1150 FOLSOM UNIT 6	\$347.80	0.01%
		Totals: \$347.80	0.01%
	ition the Board of Supervisors to initiate spe		
No, I do i	not petition the Board of Supervisors to initia	ite special assessment proceedings.	
	5	03/14/18	
Signature of Owner	er or Authorized Representative	Date	
CYRIL	BRIGNONE	415 900 8902	
	ner or Authorized Representative	Representative Contact Phone or E	

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: GL	ENN R & RUTH LYM REVOC TR		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3730 201	60 RAUSCH	\$317.66	0.01%
		Totals: \$317.66	0.01%
Yes, I per	tition the Board of Supervisors to initiate spe	cial assessment proceedings.	
$\equiv$	not petition the Board of Supervisors to initia		
ino, ruo	not petition the board of bapervisors to mich	are special assessment proceedings.	
11	(		
(alle	4M	4/2/2018	
Signature of Own	er or Authorized Representative	Date	
11		. 0	
01em	Lyn	Representative Contact Phone or Er	com
Print Name of Ow	net or Authorized Representative	Representative Contact Phone or Er	nail

#### PLEASE RETURN BY APRIL 20, 2018 TO:

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P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: RE	YNOLDS SCOTT G			
APN	Parcel Address (if known)	*	Parcel Assessment	Parcel %
3730 202	60 RAUSCH		\$424.90	0.01%
		Totals:	\$424.90	0.01%
	tition the Board of Supervisors to initiate spe			
No, I do	not petition the Board of Supervisors to initi	ate special assessm	nent proceedings.	
Acrth	1. 1/4		3/14	
Signature of Own	er or Authorized Representative	1	Date	
Scott 4	. Reynolds	500	t-g. seynoldse	2 gmail.com
Scott 4	- Peyholes	Scot	tative contact phone or En	2 q mail. co

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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Legal Owner: MEYER GABRIEL			
APN	Parcel Address (if known)	. Parcel Assessment	Parcel %
3730 210	60 RAUSCH	\$292.77	0.01%
		Totals: \$292.77	0.01%
=	not petition the Board of Supervisors to initiate spe		
Signature of Owr	ner or Authorized Representative	4/7/18 Date	
Print Name of Ov	vner or Authorized Representative	Representative Contact Phone	or Email

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

### PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ESTABLISH THE

### SoMa West COMMUNITY BENEFIT DISTRICT

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD\* (hereafter "Plan").
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Legal Owner: M	USCAT ALEXANDER M			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3730 214	60 RAUSCH		\$265.28	0.01%
		Totals:	\$265.28	0.01%
$\equiv$	etition the Board of Supervisors to initiate spont			
M	11/1		10/13/18	
Signature of Own	ner or Authorized Representative		/ Date	0 11
Print Name of Ov	wner or Authorized Representative	Represe	entative Contact Phone or E	mail con

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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Legal Owner: MI	USCAT ALEXANDER M		
APN *	Parcel Address (if known)	Parcel Assessment	Parcel %
3730 214	60 RAUSCH	\$265.28	0.01%
		Totals: \$265.28	0.01%
	tition the Board of Supervisors to initiate spe		
M		03/20/10	<i>P</i>
Signature of Own	er or Authorized Representative	( Date	,
MEXA	NOOR MUSCAT	glex, muscatory	mail.com
Print Name of Ow	ner or Authorized Representative	Representative Contact Phone on En	ail

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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Legal Owner: U	PHAM PAUL A		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3730 218	60 RAUSCH	\$243.13	0.01%
		Totals: \$243.13	0.01%
Yes, I pe	etition the Board of Supervisors to initiate sp	ecial assessment proceedings.	
=			
No, I do	not petition the Board of Supervisors to init	liate special assessment proceedings.	
Da. O	1 11.0	E 0.7 20	10
nany	X. Usham	50× 20	10
Signature of Owr	ner or Authorized Representative	Date	
0 1			
YAU	A- Upham	Representative Contact Phone	@ QMAIL. COM
Print Name of Ov	wner or Authorized Representative	Representative Contact Phone	e or Email

PLEASE RETURN TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
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Legal Owner: EXU	ZIDES ALEX				
APN .	- Parcel Address (if known)		Parcel Assessme	nt Parcel %	
3730 222	60 RAUSCH	,	\$241.95	0.01%	
	2	Totals:	\$241.95	0.01%	
	tion the Board of Supervisors to initiate spe ot petition the Board of Supervisors to initia			3.	
Signature of Owner	r or Authorized Representative		/ May	2-18	
Dr. E.	ruzider	(	F15/531-	-2697	

#### **PLEASE RETURN TO:**

Print Name of Owner or Authorized Representative

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Representative Contact Phone or Email

Email: aaron@urbanplaceconsulting.com

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Legal Owner: FE	RRO JEFFREY PATRICK			
APN	Parcel Address (if known)		Parcel Assessmen	t Parcel %
3730 225	60 RAUSCH		\$309.32	0.01%
		Totals:	\$309.32	0.01%
	not petition the Board of Supervisors to initiate spe			
Signature of Own	er or Authorized Representative	9/	124/18 Date	3
JEFF	= FERRO	Je	Aftern.	@ Mac. Con
Print Name of Ow	vner or Authorized Representative	Represer	tative Contact Pho	one or Email

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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Legal Owner: FR	ANCIA BRENT N & SON SEJUN	<del></del>			
APN	Parcel Address (if known)	4: 7	Parcel Assessm	ent Parcel %	
3730 233	60 RAUSCH		\$210.42	0.01%	
		Totals:	\$210.42	0.01%	
	tition the Board of Supervisors to initiate spe			zs.	
And Signature of Own	er or Authorized Representative		May h 2	31,2018	
BRINT	TRANIA	BR	FNTNF6	2 GMAIL. Con	

### PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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Legal Owner: DO	UGHERTY WREN NANCY			
APN	Parcel Address (if known)		Parcel Assessme	nt Parcel %
3730 234	60 RAUSCH		\$206.38	0.01%
		Totals:	\$206.38	0.01%
Yes, I pet	cition the Board of Supervisors to initiate spo	ecial assessment	oroceedings.	
1 100,1001	not petition the Board of Supervisors to initi	ate special assess	ment broceedings	is.
A		\	March 2018	
Signature of Owner	er or Authorized Representative	·····	Date	
				•
Wren Nanun	Dovahezy	650	-270-0054	uren 30 legnail. con
Print Name of Ow	ner or Authorized Representative	Represe	ntative Contact Pl	hone or Email

#### PLEASE RETURN BY APRIL 20, 2018 TO:

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egal Owner: CAR	**			
PN	Parcel Address (if known)		Parcel Assessment	Parcel %
730 237	239 8TH ST,#2		\$222.60	0.01%
		Totals:	\$222.60	0.01%
	tion the Board of Supervisors to initiate spe			
No, I do n	ot petition the Board of Supervisors to initia			
No, I do n				
M			ment proceedings.	

#### PLEASE RETURN TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3730 241	239 8TH ST,#6		\$221.82	0.01%
		Totals:	\$221.82	0.01%
Yes, I petit	ion the Board of Supervisors to initiate spe	cial assessment	proceedings.	
	ion the Board of Supervisors to initiate spe			
	tion the Board of Supervisors to initiate spent			
				2019

PLEASE RETURN TO: SoMa West CBD

P.O. BOX 410805 San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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Legal Owner: LANTERN LOFTS LP Parcel Address (if known) **Parcel Assessment** Parcel % **APN** 3730 254 1168 FOLSOM \$151.94 0.00% 3730 271 1168 FOLSOM \$200.93 0.01% 3730 255 1168 FOLSOM \$205.23 0.01% 3730 262 1168 FOLSOM \$145.68 0.00% \$192.07 3730 263 1168 FOLSOM 0.01% 3730 265 1168 FOLSOM \$194.42 0.01% 3730 267 1168 FOLSOM \$145.68 0.00% 3730 270 1168 FOLSOM \$194.42 0.01% 0.00% 3730 272 1168 FOLSOM \$145.68 3730 258 1168 FOLSOM \$185.03 0.00% 3730 259 1168 FOLSOM \$194.68 0.01% 3730 261 1168 FOLSOM 0.01% \$198.85 3730 264 1168 FOLSOM \$193.89 0.01% \$198.85 3730 266 0.01% 1168 FOLSOM 3730 268 1168 FOLSOM \$192.07 0.01% 3730 269 0.01% 1168 FOLSOM \$193.89 3730 273 1168 FOLSOM \$201.45 0.01% 3730 274 1168 FOLSOM \$203.41 0.01% 3730 275 1168 FOLSOM \$203.93 0.01% 3730 256 1168 FOLSOM \$194.68 0.01% 3730 257 1168 FOLSOM \$145.68 0.00% 3730 260 1168 FOLSOM \$195.33 0.01% Totals: \$4,077.78 0.11%

V	Yes, I petition the Board of Supervisors to initiate special assessment proceedings.
	No, I do not petition the Board of Supervisors to initiate special assessment proceedings.

Signature of Owner or Authorized Representative

Print Name of Owner or Authorized Representative

john@bcpartnersinc.com

Representative Contact Phone or Email

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3730 285	48 LANGTON		\$268.00	0.01%
		Totals:	\$268.00	0.01%
No, I do	not petition the Board of Supervisors to initia	ate special assess	ment proceedings.	
6	2n		13Mar 2018	
Signature of Own	er or Authorized Representative			
	2n_		13Mar 2018	9

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APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3730 286	48 LANGTON		\$291.20	0.01%
		Totals:	\$291.20	0.01%
$\pm$	etition the Board of Supervisors to initiate spe			
110,140	A CONTRACTOR OF SUPERVISORS TO MILLER	ne special assessii	iene proceedings.	
Me	rell Cool		4-16	-208
signature of Own	er of Authorized Representative		Date	
4	IK CGATES	in/	ALIK CO	DATES 29  THE OF Email  OF MAI
MAL	are Onlars	70		

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Legal Owner: NA	SIR & NASREEN PATEL FMLY	1 Harte		
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3731 019	1040 FOLSOM		\$2,128.42	0.06%
		Totals:	\$2,128.42	0.06%
=	tition the Board of Supervisors to initiate spo not petition the Board of Supervisors to initi			
Signature of Own	er or Authorized Representative		3/16/18.	
NASER	LATEL		15-260-3	
Print Name of Ow	ner or Authorized Representative	Represe	entative Contact Phone or Er	nail

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	Darcol Address (if known)	Parcel Assessment	Doreal 0/
APN 3731 054A	Parcel Address (if known) 70 MOSS	\$959.91	Parcel % 0.03%
773103471	70 10000	<b>4222.21</b>	0.0370
aed VI			4
		Totals: \$959.91	0.03%
		May 10, 2018	300
	7		
ignature of Owne	r or Authorized Representative	Date	
ignature of Owne	r or Authorized Representative	Date	
	r or Authorized Representative Executive Director	Date smoss@missionhousing.or	^g

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Legal Owner: BO	LES COLBY D		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3731 <b>077</b>	124 RUSS	\$1,717.76	0.05%
		Totals: \$1,717.76	0,05%
No, I do r	not petition the Board of Supervisors to init	iate special assessment proceedings.	
Signature of Owner	er or Authorized Representative	3/z1/18 Date	
COLBY Print Name of Ow	BOLES Ther or Authorized Representative	415 815 8814 Representative Contact Phone or Email	
Fillit Name of Ow	ner of Authorized Representative	Cholesetactrix.com	,

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P.O. BOX 410805
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APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3731 078	130 RUSS	\$916.79	0.02%
		Totals: \$916.79	0.02%
=	tition the Board of Supervisors to initiate spec not petition the Board of Supervisors to initial		
1		4-16-19	
Signature of Own	er or Authorized Representative	<u></u> 4-16-18	
Signature of Own	er or Authorized Representative  McUEE		

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Legar Owner. Re	DBERT C III & CLARE L GORDTRUST 5/18/199	5	
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3731 082	146 RUSS	\$1,474.12	0.04%
		Totals: \$1,474.12	0.04%
Yes, I pe	tition the Board of Supervisors to initiate spe	cial assessment proceedings.	
No, I do	not petition the Board of Supervisors to initia	ate special assessment proceedings.	
Clave	2. Sanda Der or Authorized Representative	3.29.18	gordon 7 par Pyahu, co

PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

SoMa West CBD P.O. BOX 410805

Print Name of Owner or Authorized Representative

San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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Legal Owner: ENG	G SKELL CO	*	
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3731 094	3731 094 1035 HOWARD	\$13,449.80	0.35%
		Totals: \$13,449.80	0.35
Yes, I pet	ition the Board of Supervisors to initiate speci	al assessment proceedings.	
No, I do r	not petition the Board of Supervisors to initiat	e special assessment proceedings.	
1		<i>a</i>	
Mucha Signature of Owner	led Boschart er or Authorized Representative	4.12.18 Date	-
Michel	ie L. Bosschart	mbosschart (a a	ol. com

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Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

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San Francisco, CA 94141-0805
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Legal Owner: PA	THIVIAKK GROUP LP		
APN:	Parcel Address (if known)	Parcel Assessment	Parcel %
3731 099 34 HARRIET		\$1,664.21	0.04%
		Totals: \$1,664.21	0.04%
	tition the Board of Supervisors to initiate special not petition the Board of Supervisors to initiate s		
Signature of Own	er or Authorized Representative	9/26/18 Date	>
1/EN Print Name of Ow	WEI, GP	Ken @ pathny Representative Contact Phone or Email	

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Legal Owner: 10	11 HOWARD STREET LLC DIPAK PATEL DP	V		
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3731 117	1011 HOWARD		\$3,496.95	
		Totals:	\$3,496.95	0.09%
	tition the Board of Supervisors to initiate spe			
Signature of own	2 of Authorized Representative		3 13 20 8 Date	
Du	PAL PATEL	(415	) 379 - 4194	,

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Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

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Legal Owner: TA	YLOR FAMILY TRUST 2001			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3731 119	49 MOSS	\$1,359.03		0.04%
		Totals:	\$1,359.03	0.04%
/	rition the Board of Supervisors to initiate spen			
	Tayh er or Authorized Representative	<u> </u>	15 MAR 2018 Date	
Lloyd	W. Taylor		Ltaylor @ netel	der. com
Print Name of Ow	ner or Authorized Representative	Represe	entative Contact Phone or Ema	ail

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Legal Owner: NE	LSON 2014 LVG TRUST MARY F NELSON	SURVIVING TRU	
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3731 124	90 MOSS	\$644.83	0.02%
		Totals: \$644.83	0.02%
Yes, I per	tition the Board of Supervisors to initiate sp	ecial assessment proceedings.	
=			
INO, I do	not petition the Board of Supervisors to init	ate special assessment proceedings.	
mari	7. Welan	9.19.2	D18
Signature of Own	er or Authorized Representative	Date	
		11 0.00	0.711
Mary	F. Nelson	415.328	0366
Print Name of Ow	mer or Authorized Representative	Representative Contact Phon	e or Email

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Email: aaron@urbanplaceconsulting.com

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Legal Owner: JM	C TRUST MARK CHOEY & JUILE CH	IOEY TR	
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3731 132	1097 HOWARD	\$284.68	0.01%
		*	
/		Totals: \$284.68	0.01%
No, I do	not petition the Board of Supervisors to init	ate special assessment proceedings.	×
Signature of Own	er or Authorized Representative	3/19/18 Date	
MAI	ex choen	MARKO	CHOEY, con
Print Name of Ow	ner or Authorized Representative	Representative Contact Phone	e or Email

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: JM	IC TRUST MARK CHOEY & JULIE CH	OEY TR	
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3731 133	1097 HOWARD		0.01%
		Totals: \$239.72	0.0
Yes, I pe	tition the Board of Supervisors to initiate sp	ecial assessment proceedings.	
No, I do	not petition the Board of Supervisors to initi	ate special assessment proceedings.	
		1 1	
Signature of Own	ner or Authorized Representative	5/16/18 Date	
MAR	K CH DEY	415630 020	4
Print Name of Ow	vner or Authorized Representative	Representative Contact Phone or Email	/

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San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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Legal Owner: JN	IC TRUST			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3731 134	1097 HOWARD	\$239.72		0.01%
		Totals:	\$239.72	0.01%
<del></del>	tition the Board of Supervisors to initiate spont petition the Board of Supervisors to initi			
Ma		5	/16/18	
Signature of Own	or Authorized Representative		Date	
Mar	k Choey	ma	rk@choey.com	1
	ner or Authorized Representative	Represe	entative Contact Phone or En	nail

#### PLEASE RETURN BY APRIL 20, 2018 TO:

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Legal Owner: THI	EILIG KEM EVA			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3731 136	1097 HOWARD	-	\$330.02	0.01%
•		Totals:	\$330.02	0.01%
No, I do r	not petition the Board of Supervisors to Initia	ite special assess	ment proceedings.	
No, i do r	not petition the Board of Supervisors to initia	te special assess	ment proceedings.	
Signature of Owner	er of Authorized Representative		5/10/18 Date	·
Kem	EVA THEILLS	K	EM CINSITI	EDB. com
Print Name of Ow	ner or Authorized Representative	Represe	entative Contact Phone or Er	nail

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: O	PLINGER JEFFREY T	FIRE FUEL FIELD	
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3731 137	1097 HOWARD	\$243.89	0.01%
		Totals: \$243.89	0.01%
	not petition the Board of Supervisors to initiate spe		
Signature of Own	per of Authorized Representative	April 1	2018
Print Name of Ov	VEY OPLINGS	Representative Contact Phone	9790

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

### PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ESTABLISH THE

#### SoMa West COMMUNITY BENEFIT DISTRICT

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Legal Owner: HA	ACKWORTH CATHERINE				
APN	Parcel Address (if known)		Parcel Assessment	Parcel %	
3731 140	1097 HOWARD	\$285.59		0.01%	
			*		
		Totals:	\$285.59	0.01%	
M	)				
M	)		<i>C</i> ,		
Ac	elett -		3/19/201	8	
Signature of Own	er or Authorized Representative		Date		
ATTELINE	= Hackwarrot	(	Worth ZO	D Yéheo	
Print Name of Ow	ner or Authorized Representative	Represe	entative Contact Phone or En	nail t	

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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Legal Owner: YA	AN ANGELA			
APN	Parcel Address (if known)	400.0	Parcel Assessment	Parcel %
3731 142	1097 HOWARD		\$239.72	0.01%
		Totals:	\$239.72	0.01%
	not petition the Board of Supervisors to init		, ,	
			2/1	
10			11171	1
ignature of Owr			5/1//	1
	ner or Authorized Representative		Date	<i>f</i> ,

#### PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: TAYLOR CHRISTIAN C APN Parcel Address (if known) Parcel Assessment Parcel % 3731 148 1097 HOWARD \$285.59 0.01% 3731 149 1097 HOWARD \$285.59 0.01% 3731 147 1097 HOWARD \$283.38 0.01% Totals: \$854.56 0.02% Yes, I petition the Board of Supervisors to initiate special assessment proceedings. No, I do not petition the Board of Supervisors to initiate special assessment proceedings. 12/18 Signature of Owner or Authorized Representative Christian Toucon Representative Contact Phone or Email

### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: ME	RRILEES SUSAN BETH N.S.W.		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3731 158	56 MOSS	\$269.28	0.01%
		Totals: \$269.28	0.01%
Yes, I pet	ition the Board of Supervisors to initiate sp	ecial assessment proceedings.	
No, I do r	not petition the Board of Supervisors to init	iate special assessment proceedings.	
D	a Dice	3/3/(18	
Signature of Owner	er or Authorized Representative	Date	
Sue	Merrilees	sue metrilee.	søyahoo. com
Print Name of Ow	ner or Authorized Representative	Representative Contact Phone	

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

### PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ESTABLISH THE

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Legal Owner: GO	DLDMAN JOHN			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3731 160	172 RUSS	\$652.12		0.02%
		Totals:	\$652.12	0.02%
Yes, I per	tition the Board of Supervisors to initiate spe	ecial assessment p	proceedings.	
No, I do	not petition the Board of Supervisors to initi	ata encelal access	ment proceedings	
A SANCTON CONTRACTOR	not petition the board of supervisors to mit	are special assess	ment proceedings.	
100.00 00 000000	The period the sound of supervisors to find	ate special assess	ment proceedings.	
1	A leave-	ate special assess		
Mars	hlow	ate special assess	3-19-7018 Date	
Signature of Own	er or Authorized Representative		3-19-2018	

#### PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

#### SoMa West COMMUNITY BENEFIT DISTRICT

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Legal Owner: YU	ING JOHN & ELIZABETH			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3731 162	142 RUSS	\$335.59		0.01%
		Totals:	\$335.59	0.01%
	tition the Board of Supervisors to initiate sp			
Math Signature of Own	er or Authorized Representative	·	3/20/18 Date	Allow months of the state of th
Matthe Print Name of Ow	vner or Authorized Representative	Represe	entative Contact Phone or Er	nail

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

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Legal Owner: GI	RASSØ MARC EDWARD			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3731 163	142 RUSS	\$330.51		0.01%
		Totals:	\$330.51	0.01%
	etition the Board of Supervisors to initiate sponsor petition the Board of Supervisor petition the Board of Superv			
m			/ /	
Signature of Owr	ner of Authorized Representative		3/26/18 Date	

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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APN	Parcel Address (if known)	1.4.79	Parcel Assessmen	rt Parcel %
3731 164	142 RUSS		\$434.75	0.01%
		Totals:	\$434.75	0.01%
Yes, I petit	ion the Board of Supervisors to initia	te special assessment	proceedings.	
No, I do no	ot petition the Board of Supervisors to	o initiate special assess	ment proceedings.	
al al			4/19/	2018
Signature of Owner	or Authorized Representative		Date/	
Emm	anuel J. Garcia	•	gogar	-cia Ogmail.cov
	er or Authorized Representative	Renrese	entative Contact Pho	one or Email

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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Legal Owner: Aza	ria David/Spokoyny Ilanit			
APN	Parcel Address (if known)	* it	Parcel Assessment	Parcel %
3731 165	142 RUSS	-	\$462.50	0.01%
		Totals:	\$462.50	0.01%
Yes, I pet	ition the Board of Supervisors to initiate spo	ecial assessment	proceedings.	
processing .	not petition the Board of Supervisors to initi			
No, ruo i	for perition the board of supervisors to find	ate special assess	ment proceedings.	
	0/		1	
12	>(		3/15/18	
Signature of Owner	er or Authorized Representative		Date	
Ilanit	Spohoyny	ilan	a. Spokoyny eg	mail.com
Print Name of Ow	ner or Authorized Representative	Represe	a. Spokoyny C grantative Contact Phone or Er	nail

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD\* (hereafter "Plan").
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Legal Owner: PET	RIE CAIM A	PETRIE CAIM A & BROGGE	RMAR		
APN	Parcel	Address (if known)		Parcel Assessment	Parcel %
3731 166	142 RU	read .		\$445.82	0.01%
			Totals:	\$445.82	0.01%
Signature of Owner	and Authorized	Representative	_4	3   8 Date	
100	T			10 0 -0	
MARK	Srag	alk	2	13 309 050	12

#### PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Local Owner, MID ANNIA

APN -	Parcel Address (if known)		Parcel Assessment	Parcel %
3731 167	142 RUSS		\$445.17	0.01%
	*9	Totals:	\$445.17	0.01%
	etition the Board of Supervisors to initiate sp			
No, I do	o not petition the Board of Supervisors to init	iate special assessi	ment proceedings.	
Am	Mis		10/27/18	
Signature of Ow	ner or Authorized Representative		Date	
Anna	Mir		w.	
Print Name of O	wner or Authorized Representative	Represe	ntative Contact Phone or En	nail

#### **PLEASE RETURN TO:**

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: BR	ADY NESSA		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3731 172	1026 FOLSOM	\$169.58	0.00%
		Totals: \$169.58	0.00%
-/		1-1	
H	not petition the Board of Supervisors to initi	1	
Signature of Own	er or Authorized Representative	3/21// Date	8
3 I I I	A M A M		
Robert	- Mellett	415-389	-8323
Print Name of Ow	mer or Authorized Representative	Representative Contact Phone	or Email

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P.O. BOX 410805
San Francisco, CA 94141-0805
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### PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ESTABLISH THE

#### SoMa West COMMUNITY BENEFIT DISTRICT

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Laral Owner, DEDODAH A EDDETEIN TOLICT

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3731 181	1026 FOLSOM	\$187.43	0.00%
		Totals: \$187.43	0.00%
Yes, I pet	ition the Board of Supervisors to initiate spe	ecial assessment proceedings.	
	not petition the Board of Supervisors to initi		
No, 1 do 1	not petition the Board of Supervisors to mito	ate special assessment proceedings.	
No, radir	lot petition the Board of Supervisors to linta		- 5-10
	'n		30,2018
_ De/	er or Authorized Representative	April	
OU/Signature of Owner	er or Authorized Representative	April	
OU/Signature of Owner	'n	April 801-556-	

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Legal Owner: HURLEY PATRICK

Print Name of Owner or Authorized Representative

Yes, I petition the Board of Supervisors to initiate special No, I do not petition the Board of Supervisors to initia	
	cial assessment proceedings.
$\triangle$	cial assessment proceedings.
$\triangle$	
Paul Han	3.20.11
Signature of Owner or Authorized Representative	Date
PATRICK HUrley	415-215-718

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Representative Contact Phone or Email

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Legal Owner: JAC	CKSON BRANDON M		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3731 192	68 HARRIET	\$194.57	0.01%
		Totals: \$194.57	0.01%
	ition the Board of Supervisors to initiate sp not petition the Board of Supervisors to init		
N			
Su	my lasks	3/31/2018	
Signature of Owner	er or Authorized Representative	Date	
Brandon	Jackson		
			CONTRACTOR OF THE PROPERTY OF

### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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Legal Owner: N	MCNAMARA PHILIP & GOEBEL NI		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3731 195	. 68 HARRIET	\$217.63	0.01%
		Totals: \$217.63	0.01%
	Manage.		
1		3/15/18	
Signature of Ow	vner or Authorized Representative	Date	
		Date	
DUICIO	Mc Mamaka	S10 6847750	

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Legal Owner: HO	DRN MICHAEL A			*
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3731 218	33 MOSS	- N	\$377.83	0.01%
		Totals:	\$377.83	0.01%
	tition the Board of Supervisors to initiate spenot petition the Board of Supervisors to initi			
MX			4/3/18	
Signature of Own	er or Authorized Representative		Date	
Micto	AEU HORN		415 823 47	82

#### PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

### PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ESTABLISH THE

#### SoMa West COMMUNITY BENEFIT DISTRICT

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Legal Owner: TSI	EIVAN			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3731 222	75 MOSS	*	\$146.90	0.00%
		Totals:	\$146.90	0.00%
	tition the Board of Supervisors to initiate sp			
de			3.24.201.	
Signature of Own	er or Authorized Representative		Date	
IVAN	7se		*	
Print Name of Ow	mer or Authorized Representative	Represe	entative Contact Phone or Er	nail

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APN	Parcel Address (if known)	Parcel A	ssessment	Parcel %
3731 223	75 MOSS	\$151.33		0.00%
		Totals: \$151.33		0.00%
	tition the Board of Supervisors to initiate spen not petition the Board of Supervisors to initi			
	۸			
SHE		4/3/20	218	
Signature of Own	er or Authorized Representative	4/3/20	Date	
_	er or Authorized Representative	4/3/20	Date	D-7833

#### PLEASE RETURN BY APRIL 20, 2018 TO:

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Legal Owner: DU	DLEY JEFFREY A				
APN	Parcel Address (if known)		Parcel Assessmen	nt P	Parcel %
3731 227	. 75 MOSS .		\$148.59	0.00%	
		Totals:	\$148.59	0.00%	
	ition the Board of Supervisors to initiate spec not petition the Board of Supervisors to initia				
	Dullex		3/21/19	3	
Signature of Cowne	er or Authorized Representative		Date		
Jefc	Dudley		jeff ins-	fca @ gn	naili con
	ner or Authorized Representative	Represe	entative Contact Ph	one or Email	

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**COLENDICH JOHN M & FRANKA TP O** 

Legal Owner: COLENDICH FMLY TR

APN	Parcel Address (if known)	19	Parcel Assessment	Parcel %
3731 228	75 MOSS		\$151.33	0.00%
		Totals:	\$151.33	0.00%
Yes, I p	etition the Board of Supervisors to initiate	special assessment	proceedings.	
No, I do	o not petition the Board of Supervisors to i	initiate special assess	sment proceedings.	
1 /	1110			
Al	rubleslik (frust	re)	4/10/18	
Signature of Ow	ner or Authorized Representative	/	Date	
JOHN W	1. COLENDICH	1(8	311724-4384	incoledichogmail, wa
Print Name of O	wner or Authorized Representative	Represe	entative Contact Phone o	r Email

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Legal Owner: UT	ZMAN DWIGHT			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3731 230	75 MOSS		\$186.38	0.00%
		Totals:	\$186.38	0.00%
Yes, I pe	tition the Board of Supervisors to initiate spe	ecial assessment	proceedings.	
	not petition the Board of Supervisors to initi			
Q +			3/25/18	
Signature of Own	ner or Authorized Representative	-	5/25 10 Date	<del></del>
Dwight	Uteman	de	entative Contact Phone or En	com
Print Name of Ow	vner or Authorized Representative	Represe	entative Contact Phone or Er	mail

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD\* (hereafter "Plan").
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Legal Owner: KO	H-QUEK LVG TR KOH ENG KIAT & QU	EK LEE HIAN		
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3731 231	75 MOSS		\$180.78	0.00%
		Totals:	\$180.78	0.00%
Amenina	tition the Board of Supervisors to initiate spo			
No, I do	not petition the Board of Supervisors to initi	ate special assess	ment proceedings.	
(	Jan-		3/18/2018	
Signature of Own	er or Authorized Representative		Date	
Eng k	fiat Koh		eng Kiate illinoi	salumni.org
Print Name of Ow	ner or Authorized Representative		entative Contact Phone or En	

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Legal Owner: O'	LEARY KEVIN JERUTIS			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3731 232	75 MOSS		\$197.20	0.01%
		Totals:	\$197.20	0.01%
=	tition the Board of Supervisors to initiate spen			
Signature of Own	er or Authorized Representative	Ap	7 19 2018 Date	
Kenin (	J'Lean		58. 405. 3914	
Print Name of Ow	vner or Authorized Representative	Represe	entative Contact Phone or Em	nail

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SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

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Legal Owner: YA	AN ANGELA			
APN	Parcel Address (if known)	F	Parcel Assessment	Parcel %
3731 237	37 AMOSS		\$179.96	0.00%
		Totals:	\$179.96	0.00%
	etition the Board of Supervisors to initiate spe not petition the Board of Supervisors to initia			/
Signature of Own	ner or Authorized Representative		3 / 7 Date	118
Ang	de Yan			9-76/6
Print Name of Ov	vner or Authorized Representative	Represer	ntative Contact Phone o	r Email

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Legal Owner: JO	u sz			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3753 025	972 HARRISON		\$882.81	0.02%
		Totals:	\$882.81	0.02%
	tition the Board of Supervisors to initiate spe			
			3/19/2018	
Signature of Own	or Authorized Representative		Date	
SZ	Jou	55	TOUZQX ah oo. Co	m
Print Name of Ow	mer or Authorized Representative	Represe	ntative Contact Phone or En	nail

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Legal Owner: W	ONG ABEL & VIVIAN			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3753 076	272 CLARA		\$697.62	0.02%
		Totals:	\$697.62	0.02%
	etition the Board of Supervisors to initiate s			
Signature of Own	ner or Authorized Representative		10/4/18 Date	
Abel U	Vono wner or Authorized Representative	Represe	408 757 - 8656 entative Contact Phone or I	abelwongeogmail.com

PLEASE RETURN TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: PO	TRERO VENTURES LLC			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3753 084	277 SHIPLEY		\$696.39	0.02%
/		Totals:	\$696.39	0.02%
	ition the Board of Supervisors to initiate spe			
	not petition the Board of Supervisors to initi	ate special assess	sment proceedings.	
Signature of Owner	or Authorized Representative	<del></del>	3/31/18 Date	<u> </u>
Micha Print Name of Ow	ner or Authorized Representative	Represe	15 385 2 entative Contact Phone or	<del></del>

### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

### SoMa West COMMUNITY BENEFIT DISTRICT

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD\* (hereafter "Plan").
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	Parcel Address (if known)		Parcel Assessment	Parcel %
3753 085	275 SHIPLEY		\$883.29	0.02%
		Totals:	\$883.29	0.02%
	ition the Board of Supervisors to initiate spenot petition the Board of Supervisors to initiate			
1				
ALA	and Authorized Donascontation		Jarch 25, 2	2018
Signature of Own	er or Authorized Representative		200	
ignature of Own	er or Authorized Representative			

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: KE	NNEALLY KEVIN		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3753 117	274 SHIPLEY	\$555.66	0.01%
		Totals: \$555.66	0.01%
No, I do	not petition the Board of Supervisors to initi	ate special assessment proceedings.	
	1 Cenneally	4-6-201	8
Signature of Own	er or Authorized Représentative	Date	
KEU IN	KENNEALLY	(445) 312-	1960

#### PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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PN	Partiel Address (if known)		Parcel Assessment	Parcel %
753 120	985 FOLSOM		\$3,328.34	0.04%
		Totals:	\$1,328.34	0.04%
Vestines	tition the Roard of Supervicors to initiate soor	rial accessment a	rencuelises.	
X Yes, I pel	tition the Board of Supervisors to initiate spec	cial assessment p	orocevdings.	
	tition thin Board of Supervisors to initiate spec not petition the Board of Supervisors to initia			
			mest proceedings.	***************************************
No, I do s			mest proceedings.	······································

PLEASE RETURN BY APRIL 20, 2018 TO:

Regresentative Contact Phone or Email

Print Name of Owner or Authorized Representative

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805 Errail: aaron@urbanplaceconsulting.com

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Legal Owner: DWIGHT FRANKLIN COMPANY %MARILYN A BLAKE

APN	Parcel Address (if known)	Parcel Assessmen	nt Parcel %
3753 120	985 FOLSOM	\$1,328.34	0.04%
		Totals: \$1,328.34	0.04%
Yes, I per	tition the Board of Supervisors to initiate spec	al assessment proceedings.	
No, I do	not petition the Board of Supervisors to initia	e special assessment proceedings.	
7	1000		
Signature of Own	Elyl J. Dokkener/or Authorized Representative		· P
Theo	ing A Rocks	Achamaca	lyn 10 P Smail. Com
Print Name of Ow	mer of Authorized Representative	Representative Contact Ph	

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SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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Legal Owner: 92	8 HARRISON STREET LLC		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3753 150	928 HARRISON	\$4,663.63	0.12%
		Totals: \$4,663.63	0.12%
	tition the Board of Supervisors to initiate speci-		
	a section the sound of supervisors to minute		
		3/30/	18
Signature of Own	er or Authorized Representative	Date	
Rodrago	Enriquez, Manager vner or Authorized Representative	510.915.10	010
Print Name of Ow	vner or Authorized Representative	Representative Contact Phone or En	nail

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Legal Owner: RO	DDANTE-COLLI TANYA R				
APN	Parcel Address (if known)		Parcel Assessment		Parcel %
3753 157	273 SHIPLEY		\$224.68		0.01%
		Totals:	\$224.68		0.01%
Yes, I pe	etition the Board of Supervisors to initiate specia	l assessment	proceedings.		
No, I do	not petition the Board of Supervisors to initiate	special assess	ment proceedings.		
1	11 000				
01/1			2/26/14	/	
Signature of Owr	ner or Authorized Representative	*********	Date // D		
110		,	11/1/1	1-	~ /
IAN A	LODANTE-COLLI	4	15-608-3	52	95
Print Name of Ov	wner or Authorized Representative	Represe	entative Contact Phone or E	mail	····

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SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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Legal Owner: G	REEN ROSS B		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3753 176	260 CLARA	\$247.88	0.01%
		Totals: \$247.88	0.01%
Yes, I pe	etition the Board of Supervisors to initiate sp	ecial assessment proceedings.	
Z 163,174	and of the board of supervisors to initiate sp	colar assessment procedures.	
No, I do	not petition the Board of Supervisors to init	ate special assessment proceedings.	
A		9/23/18	
-		1/23/18	`
Signature of Own	ner or Authorized Representative	Date	and the same of th
0			
lloss	Creen	415-298-71	00
	wner or Authorized Representative	Representative Contact Phone	

PLEASE RETURN TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: RO	BERTS CHASE C & CATHERINE		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3753 177	920 HARRISON	\$293.83	0.01%
** 14		Totals: \$293.83	0.01%
	ition the Board of Supervisors to initiate spenot petition the Board of Supervisors to initi		is great!
Signature of Owner	er or Authorized Representative	3/21/18 Date	
Print Name of Own	rine Roberts	cat_robert	s@me.com

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD\* (hereafter "Plan").
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Legal Owner: MA	ATTHEW W FINICK REVOCAB	LE FINICK MATTHEN	W W TRUSTE	Е	
APN	Parcel Address (if k	nown)		Parcel Assessment	Parcel %
3753 181	920 HARRISON	#5	*	\$306.21	0.01%
			Totals:	\$306.21	0.01%
	tition the Board of Supervisor				
	no /			3/30/2015	?
Signature of Own	er or Authorized Representat	ive		Date	
Mn++	FTNICK		41	MFINICKOGN	AIL.com

#### PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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	Parcel Address (if known)		Parcel Assessment	Parcel %
3753 183	920 HARRISON	* /	\$241.31	0.01%
		Totals:	\$241.31	0.01%
Yes, I per	tition the Board of Supervisors to initia	te special assessment	proceedings.	
No. I do	not petition the Board of Supervisors to	o initiate special assess	ment proceedings	
	not puttion the board of ouper visors to	o miciaco opeciai asses.	mene producumbo.	
A 1			11-12-	
Marisol	Singuestal		4/21/2017.	
	Schaus A		4/21/2017_ Date	
Signature of Own		SCV	Harlaon.  Date	Concast

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: KU	NDU ANIRBAN & GARG SHIKHA	GENNAT	DIYCH	DYESHOV & NI	ATALIYA METLUK
APN	Parcel Address (if known)			Parcel Assessment	Parcel %
3753 184	920 HARRISON #8		\$244.18		0.01%
		At Work	Totals:	\$244.18	0.01%
	ition the Board of Supervisors to inition  not petition the Board of Supervisors				
				9/22/20	0/8
Signature of Owner	er or Authorized Representative			Date	-10
GENNADI	Y CHUYESHOV		(6	50) 862-	-7971
Print Name of Ow	ner or Authorized Representative		Represen	tative Contact Phone of	or Email

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

### PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ESTABLISH THE

### SoMa West COMMUNITY BENEFIT DISTRICT

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD\* (hereafter "Plan").
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Legal Owner: AL	BERT GARRET A		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3753 188	920 HARRISON	\$244.31	0.01%
		Totals: \$244.31	0.01%
	tition the Board of Supervisors to initiate spo		
Gr.		3/27/2018	
Signature of Own	er or Authorized Representative	Date	
GARRET	ALBERT	GALBERT 80 YAH	100.00M
Print Name of Ow	vner or Authorized Representative	Representative Contact Phone or	Email

#### PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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Legal Owner: LA	MON MARK S		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3753 190	920 HARRISON	. \$244.31	0.01%
		Totals: \$244.31	0.01%
	tition the Board of Supervisors to initiate spe not petition the Board of Supervisors to initi		
Mark	1 Lamor	10-2-18	
Signature of Own	er or Authorized Representative	Date	
Mark	S. Lamin	mleckel@h	etmail. com
Print Name of Ow	ner or Authorized Representative	Representative Contact Phone	e or Email

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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Legal Owner: SM	ITH BRIAN W	5 N/5 - +-		
APN	Parcel Address (if known)	Pa	rcel Assessment	Parcel %
3753 191	221 CLARA	\$2	92.59	0.01%
		Totals: \$2	92.59	0.01%
Yes, I pet	ition the Board of Supervisors to initiate spe	ecial assessment proc	reedings.	
No, I do r	not petition the Board of Supervisors to initi	ate special assessme	nt proceedings.	
Ru	Sill		3/20/18	
Signature of Own	er or Authorized Representative		Date	
BRIAN I	NSMITH	SFBI	WSMITH @ YAHOO	. com
Print Name of Ow	ner or Authorized Representative		tive Contact Phone or En	

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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APN 3753 193	Parcel Address (if known) 221 CLARA, #3		Parcel Assessmen	nt Parcel %
3753 193	221 CLARA, #3			raicei 70
			\$306.92	0.01%
		Totals:	\$306.92	0.01%
	he Board of Supervisors to initiate			
Signature of Owner or A	authorized Representative	·	10/4 bate	2018
KARIN	A DIA Z  Authorized Representative		KC Kan	namariediaz. com

#### PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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Legal Owner: NGU	YEN VIET			
APN	Parcel Address (if known)	Parc	el Assessment	Parcel %
3753 202	221 CLARA, #12	\$243		0.01%
		Totals: \$243	3.08	0.01%
二	tion the Board of Supervisors to initiate spe ot petition the Board of Supervisors to initia			
Signature Owner	or Authorized Representative		9/27/2 Date	018
Print Name of Own	er or Authorized Representative	Representativ	ve Contact Phone or En	nail. Con

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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Legal Owner: ST	ANTE GLENN & FARAHMAND SH		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3753 203	221 CLARA	\$243.08	0.01%
		Totals: \$243.08	0.01%
	tition the Board of Supervisors to initiate spo not petition the Board of Supervisors to initi		
M Signature of Own	er or Authorized Representative	25-Mar-	18
	stante oner or Authorized Representative	Representative Contact Phone or	2 mail. com Email h 2 - 8774

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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Legal Owner: CH	APMAN FAMILY 1995 TR CHARLES H CHAPMA	AN		
APN	Parcel Address (if known)		Parcel Assessmen	nt Parcel %
3753 213	249 SHIPLEY		\$205.87	0.01%
		Totals:	\$205.87	0.01%
三	tition the Board of Supervisors to initiate special not petition the Board of Supervisors to initiate			
<u>Char</u> Signature of Own	les M. Chapsans er or Authorized Representative		8/14/18 Date	
Chapme Print Name of Ow	an Family 1993 Trust	Represe	he 1937	agmail. Com

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owne r: SU	RVIVOR'S TRUST CATHERINE E YAP TE	USTEE		
APN	Parœl Addre ss(if known)	Parce I As	se sme nt	Parœl%
3753 218	249 SHIPLEY	\$242.48		0.01%
		Totals: \$242.48		001%
=	tition the Board of Supervisors to initiate sp			
leth	-Elfo	9/2	4/18	
	er or Authorized Representative  RINE E. YAP	cathya	obarkovic	chandy ap. con
	ner or Authorized Representative	Representative Co	ntact Phone or Em	ail

PLEASE RETURN TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

#### SoMa West COMMUNITY BENEFIT DISTRICT

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Legal Owner: BC	DE BRENT S & KHALSA SAT KR			
APN	Parcel Address (if known)	Parcel Asse	ssment Pa	arcel %
3753 220	236 CLARA	\$320.98	0.	01%
		Totals: \$320.98	0.	01%
	tition the Board of Supervisors to initiate sp			
No, I do	not petition the Board of Supervisors to init	ate special assessment procee	edings.	
Mf.	3	3-26	-18	
Signature of Own	er or Authorized Representative	Da		_
Breyt.	Boe_	408 348	7171	
	vner or Authorized Representative	Representative Cont		<del></del> /

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

The full SoMa West CBD Management Plan and Engineer's Report can be found at http://www.somawestcbd.org. For more information regarding formation of the SoMa West CBD, or if you believe any of the information stated in this petition is incorrect,

please contact Aaron Aulenta at aaron@urbanplaceconsulting.com.

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Legal Owner: SPE	RADLIN MICHAEL D		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3753 225	965 FOLSOM	\$295.65	0.01%
		Totals: \$295.65	0.01%
	ition the Board of Supervisors to initiate spont petition the Board of Supervisors to initiate.		
725	5-2-4	4/10/18	
Signature of Qwne	r or Authorized Representative	Date	
111 Chas	1 Sprodtin	spradlin @g.	mail, com

#### **PLEASE RETURN BY APRIL 20, 2018 TO:**

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD\* (hereafter "Plan").
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regar o milett be	INKLEY RANDY G			
APN	Parcel Address (if known)	· P	Parcel Assessment	Parcel %
3753 229	965 FOLSOM	\$	5296.82	0.01%
		Totals: \$	296.82	0.01%
No, I do	not petition the Board of Supervisors to initi	ate special assessm	ent proceedings.	
No, I do	not petition the Board of Supervisors to initi	ate special assessm	-/ / .	
Signature of Own	not petition the Board of Supervisors to inition of Supervisors to Superv	ate special assessm	ent proceedings.  3/30/18  Date	

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

#### SoMa West COMMUNITY BENEFIT DISTRICT

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Local Owners DEALENCAR CLEREDOMERED VER

acgui o witch Daria	INCAN CEEDENGRAFIEEN AEN		
APN	Parcel Address (if known)	Parcel Assessmen	nt Parcel %
3753 242	950 HARRISON #102	\$335.65	0.01%
		Totals: \$335.65	0.01%
	on the Board of Supervisors to initiate special petition the Board of Supervisors to initiate		•
CUM. Signature of Owner of	or Authorized Representative	Z/20 8	2018
	DEALEN CAR r or Authorized Representative	(415) 365 3110 Representative Contact Ph	- CIEBERE MAC. LOM

#### PLEASE RETURN BY APRIL 20, 2018 TO:

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San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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APN	Parcel Address (if known)	Parcel Assessn	nent Parcel %
3753 254	950 HARRISON	\$278.84	0.01%
		Totals: \$278.84	0.01%
No, I do	not petition the Board of Supervisors to initi	ate special assessment proceedir	gs.
^ -		NAME OF THE OWNER OWNER OF THE OWNER OWNER.	
A			18
Signature of Own	per or Authorized Representative		18
Signature of Own	per or Authorized Representative		noyahou & com

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Legal Owner: M	ILITANO CONNIE		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3753 256	950 HARRISON	\$224.50	0.01%
		Totals: \$224.50	0.01%
	etition the Board of Supervisors to initiate spents of petition the Board of Supervisors to initiate spents of Supervisors o		
Signature of own	ner or Authorized Representative	3/24/18 Date	/
Print Name of Ov	Militano wher or Authorized Representative	CON_Leuna Representative Contact Phone	an ahoo com

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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IPN	Parcel Address (if known)	Parcel Assessment	Parcel %
753 269	950 HARRISON	\$235.71	0.01%
		Totals: \$235.71	0.01%
Yes, I pe	tition the Board of Supervisors to initiate spe	ial assessment proceedings.	
No. I do	not petition the Board of Supervisors to initia	te special assessment proceedings.	
1,0,140	not petition the board of supervisors to mile	te special assessment proceedings.	
	11		
France	ence 3 Dellow	OLTOBER 2	3 2018
gnature of Own	er or Authorized Representative	Date	,
	5 5	11112 22	
LAWR	ENCE B Dillon	415-305-	
	vner or Authorized Representative	Representative Contact Phone	or Email
rint Name of Ov			
rint Name of Ov	PER	LAWRENCE	ED58 @
		LAWRENCE EASE RETURN TO:	ED58 @

The full SoMa West CBD Management Plan and Engineer's Report can be found at http://www.somawestcbd.org. For more information regarding formation of the SoMa West CBD, or if you believe any of the information stated in this petition is incorrect, please contact Aaron Aulenta at aaron@urbanplaceconsulting.com.

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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Land Comment CISCON MODAS COMPADOLA MIDEN AA

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3753 272	950 HARRISON	\$235.71	0.01%
		Totals: \$235.71	0.01%
Ves Inc	tition the Board of Supervisors to initiate spo	acial assessment proceedings	
/ res, t pe	ution the board of Supervisors to initiate spi	eciai assessment proceedings.	
No, I do	not petition the Board of Supervisors to initi	ate special assessment proceedings.	
Obol	7	4/3/18	
Signature of Own	er or Authorized Representative	Date	
L	auren Sison	Representative Contact Phone or	mail. com
Drint Name of Ou	ner or Authorized Representative	Representative Contact Phone or	Fmail

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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Legal Owner: LYUBER ALEX	at the second		
APN Parcel Address (	if known)	Parcel Assessment	Parcel %
3753 277 950 HARRISON		\$237.14	0.01%
	Totals:	\$237.14	0.01%
	risors to initiate special assessment		
Signature of Owner of Authorized Represen	ntative	8 2018 Date	
Print Name of Owner or Authorized Repres	entative Represe	adapa Chuet	world, com

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Local Owners DAVOW IABAIE & ENAUV

APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3753 282	950 HARRISON		\$221.51	0.01%
		Totals:	\$221.51	0.01%
Yes, I pet	ition the Board of Supervisors to initiate sp	ecial assessment	proceedings.	
processing .	not petition the Board of Supervisors to init			
No, ruo i	not petition the board of Supervisors to line	inte special assess	silient proceedings.	
	6		Apr.11, 2	Le18
Signature of Own	er or Authorized Representative	-	Date	
Jami	cRakon	408	-219-38\$8	
Print Name of Ow	ner or Authorized Representative	Represe	entative Contact Phone or	Email

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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ment proceeding	1831	
assessment pro	oceedings.	
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- (-)	Date	
	Date	
	assessment pro	assessment proceedings.

PLEASE RETURN TO: SoMa West CBD

P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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Legal Owner: JO	HNSON JEFFREY			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3753 285	950 HARRISON	7.	\$240.27	0.01%
		Totals:	\$240.27	0.01%
Yes, I pe	tition the Board of Supervisors to initiate spe	ecial assessment	proceedings.	
	not petition the Board of Supervisors to initi			
No, ruo	not petition the board of Supervisors to linus	ate special assess	ment proceedings.	
/III			4/7/2018	
Signature of Own	er or Authorized Representative	-	4/+/2018	
Signature prown	er of Authorized Representative		Date	
JEFFRICA	1 JOHNSON	4	115-533-169	/

#### PLEASE RETURN BY APRIL 20, 2018 TO:

Print Name of Owner or Authorized Representative

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Representative Contact Phone or Email

Email: aaron@urbanplaceconsulting.com

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	Parcel Address (if known)	Parcel Assessmen	t Parcel %
3753 290	250 CLARA	\$267.81	0.01%
		Totals: \$267.81	0.01%
Yes, I pet	ition the Board of Supervisors to initiate specia	assessment proceedings.	
No, I do	not petition the Board of Supervisors to initiate	special assessment proceedings.	
	1 0	, (	
	4/	9/23/1	8
	16	9/23/1	8
Signature of Owner	er or Authorized Representative	9/23/11 Date	8
			8
	er or Authorized Representative		8

**PLEASE RETURN TO:** 

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805

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Legal Owner: LC	OO BONNIE D			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3753 294	250 CLARA		\$279.41	0.01%
		Totals:	\$279.41	0.01%
=	not petition the Board of Supervisors to initiate spec			
Signature of Own	ner of Authorized Representative		APPIL 6, 2018  Date	
BOHN	IE LOO	8	5DL00@YAH00.00	М

#### PLEASE RETURN BY APRIL 20, 2018 TO:

Print Name of Owner or Authorized Representative

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Representative Contact Phone or Email

Email: aaron@urbanplaceconsulting.com

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	ICINTOSH DAVID LEE & CYNTHI			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3753 297	250 CLARA	S	\$228.20	0.01%
		Totals:	\$228.20	0.01%
Yes, I p	etition the Board of Supervisors to initiate spec	al accomment ar	accadings	
	etition the board of supervisors to initiate spec	al assessifient bi	oceedings.	
_				
<del>_</del>	o not petition the Board of Supervisors to initiat			
_	o not petition the Board of Supervisors to initiat		ent proceedings.	,
<del>_</del>				,
No, I do	o not petition the Board of Supervisors to initiat		ent proceedings.	,

#### PLEASE RETURN BY APRIL 20, 2018 TO:

Print Name of Owner or Authorized Representative

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Representative Contact Phone of Email

Email: aaron@urbanplaceconsulting.com

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD\* (hereafter "Plan").
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APN Parcel Address (if known) Parcel Assessment Parcel %
3753 298 250 CLARA \$228.20 0.01%

Totals: \$228.20 0.01%

Yes, I petition the Board of Supervisors to initiate special assessment proceedings.

No, I do not petition the Board of Supervisors to initiate special assessment proceedings.

Signature of Owner or Authorized Representative

Print Name of Owner or Authorized Representative

Representative Contact Phone or Email

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

#### SoMa West COMMUNITY BENEFIT DISTRICT

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Legal Owner: LEF ANDY C

APN ,	Parcel Address (if known)	*	Parcel Assessment	Parcel %
3753 301	250 CLARA		\$215.04	0.01%
		Totals:	\$215.04	0.01%
	tition the Board of Supervisors to initiate sponsor to initiate sp			
1	not petition the board of supervisors to mid	ate special assessi	ment proceedings.	
Signature of Own	er or Authorized Representative		3/24/18	7
And	1 Lee		owsa woo	1000
Print Name of Ow	inler or Authorized Representative	Represe	ntative Contact Phone or En	nail

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3753 311			\$309.36	0.01%
3753 312			\$327.48	0.01%
		Totals:	\$636.84	0.02%
Yes, I po	etition the Board of Supervisors to initiate special	ssessment p	proceedings.	
		SHOP SHOW OF THE PARTY OF THE P		
No, I do	not petition the Board of Supervisors to initiate s			
No, I do				
No, I do				
Dore				
Dore	o not petition the Board of Supervisors to initiate s		ment proceedings.	

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Legal Owner:	YEE BRADLEY L & TAMMY W		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3753 331	236 SHIPLEY ST. #202	\$181.01	0.00%
		Totals: \$181.01	0.00%
Yes, I	petition the Board of Supervisors to initiate special	assessment proceedings.	
	do not petition the Board of Supervisors to initiate		
	to not pedition the board of supervisors to mitable t	peda assessment proceedings.	
	A		
12		MARCH 24, 20	18
Signature of O	wner or Authorized Representative	Date	
BRADI	isy to	btyee@Juno	, com

#### PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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APN	Parcel Address (if known)	Parcel Asses	sment Parcel %
3753 341		\$181.79	0.00%
		Totals: \$181.79	0.00%
Yes, I pe	etition the Board of Supervisors to initiate spe	cial assessment proceedings.	
No.1de	not notition the Roard of Supervicers to initi	ata spacial assessment proceed	lings
No, I do	not petition the Board of Supervisors to initi	ate special assessment proceed	lings.
No, I do	not petition the Board of Supervisors to initi	ate special assessment proceed	lings.
No, I do	not petition the Board of Supervisors to initi	ate special assessment proceed	lings.
	not petition the Board of Supervisors to initi	ate special assessment proceed	0/18
		9/2	0/18

PLEASE RETURN TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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APN	Parcel Address (If known)	Parcel Assessme	nt Parcel 🤊
<b>753 342</b>	\$132.01	0.00%	
		Totals: \$132.01	0.00%
Yes, 1 po	etition the Board of Supervisors to initiate spe	ecial assessment proceedings.	
<del>7</del>		•	
No, I do	o not petition the Board of Supervisors to initi	ate special assessment proceeding:	<b>.</b>
1/2	~ <i>l</i> —	3/19/20	ر ا
Joja Igratura of Own	per or Authorized Representative	3/19/20 Date	د ځ
Signature of Own	ner or Authorized Representative	3/19/20 Date	ال ا
Signature of Own	<b>v</b> )	7 ' 1	د ځ

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsuiting.com

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Legal Owner: FF	REIRE-KU JEENY & KU OSCAR		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3753 343		\$169.93 0	.00%
		Totals: \$169.93	0.00%
Yes, I pe	etition the Board of Supervisors to initiate sp	ecial assessment proceedings.	
hemmand			
No, I do	not petition the Board of Supervisors to initi	ate special assessment proceedings.	
		3/19/18	
Signature of Own	er or Authorized Representative	Date	
OS	ar ku	917-923-5	5060
Print Name of Ou	wher or Authorized Representative	Representative Contact Pho	ne or Email

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

#### SoMa West COMMUNITY BENEFIT DISTRICT

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Legal Owner: ECI	FIVE HARRISON LLC EMBARCADERO CAI	PITAL PARTNER		v.
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3754 017	385 07TH		\$10,497.45	
		Totals:	\$10,497.45	0.28%
	ition the Board of Supervisors to initiate spen not petition the Board of Supervisors to initi		<del>-</del>	
Eleen O'K	Pailly - Eileen Oclie	4/	11/2018	
	er or Authorized Representative	ر	Date	
			,	
Eileen O'Reilly		eor	eilly@ecp-llc.com	
Print Name of Ow	ner or Authorized Representative	Represe	ntative Contact Phone or Er	nail

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: MC	CATHERN PIERCE LLC			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3754 040	1067 FOLSOM		\$2,154.49	0.06%
		Totals:	\$2,154.49	0.06%
	ition the Board of Supervisors to initiate spenot petition the Board of Supervisors to initi			
Signature of own	er or Authorized Representative		9-25 Date	-18
Dudei	Conssett		deedee @ sfi	
Print Name of Ow	ner or Authorized Representative	Represe	entative Contact Phone or En	iali

PLEASE RETURN TO:

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Email: aaron@urbanplaceconsulting.com

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Legal Owner: PR	RUDEN DAVID E		
APN	Parcel Address (if known)	Parcel Assessmen	nt Parcel %
3754 068	340 06TH	\$175.71	0.00%
		Totals: \$175.71	0.00%
Yes, I pe	tition the Board of Supervisors to initiate spe	cial assessment proceedings.	
No, I do	not petition the Board of Supervisors to initi	ite special assessment proceedings	
	(A) 1 P	,	The second secon
120	elle	4/14/	2018
Signature of Own	er or Authorized Representative	Date	
DAUT &	& PENDEN	415.871	. 4703
Print Name of Ov	vner or Authorized Representative	Representative Contact Ph	one or Email

#### PLEASE RETURN BY APRIL 20, 2018 TO:

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Email: aaron@urbanplaceconsulting.com

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Legal Owner: DA	Y REVOC LVG TR DAY ANTHONY GEO	RGE & JANE N			
APN	Parcel Address (if known)		'Parcel Assessme	ent Par	cel %
3754 069	340 06TH		\$175.45		
		Totals:	\$175.45	0.00%	
	ition the Board of Supervisors to initiate spinot petition the Board of Supervisors to initiate				
No, rao i	not pention the board of supervisors to find	ate special assess	ment proceeding		
	W Day		larch 18	,2018	
Signature of Owner	er or Authorized Representative		Date		
Jan	e N Day	415	5 336 4	1293	
Print Name of Ow	ner or Authorized Representative	Represe	entative Contact P	hone or Email	

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

#### SoMa West COMMUNITY BENEFIT DISTRICT

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Legal Owner: BATEMAN ALAN D Parcel Address (if known) APN **Parcel Assessment** Parcel % 3754 070 340 06TH \$266.79 0.01% Totals: \$266.79 0.01% Yes, I petition the Board of Supervisors to initiate special assessment proceedings. No, I do not petition the Board of Supervisors to initiate special assessment proceedings. AD. But 3-19-2018 Date Signature of Owner or Authorized Representative adb94103@gmail.com Alan Bateman Print Name of Owner or Authorized Representative Representative Contact Phone or Email

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: S	IU GEORGE P	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3754 071	340 06TH	\$263.01	0.01%
		Totals: \$263.01	0.01%
Yes, I p	etition the Board of Supervisors to initiate sp	ecial assessment proceedings.	
	o not petition the Board of Supervisors to init		
	o not petition the Board of Supervisors to mile	ate special assessment procedurigs.	
		uh hais	
		1/4/1010	
Signature of Ow	ner or Authorized Representative	Date	
6			
Geov	nge Sim		

#### PLEASE RETURN BY APRIL 20, 2018 TO:

Print Name of Owner or Authorized Representative

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Representative Contact Phone or Email

Email: aaron@urbanplaceconsulting.com

#### SoMa West COMMUNITY BENEFIT DISTRICT

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD\* (hereafter "Plan").
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Legal Owner: ER	NST STEPHEN A LIVING TRUS% STEPHEN A ERN	ST		
APN	Parcel Address (if known)	Par	cel Assessment	Parcel %
3754 072	340 06TH	\$28	6.33	0.01%
		Totals: \$28	6.33	0.01%
Yes, I pet	tition the Board of Supervisors to initiate specia	l assessment proce	edings.	
No, I do	not petition the Board of Supervisors to initiate	special assessmen	t proceedings.	
			-x	
16		~ 10	rlie	
Magni	ren a, John	_3//	5/18	erdigi di ilimini di Ardini Agone eri
Signature of Own	er or Authorized Representative		' Date	
Print Name of Ow	rner or Authorized Representative	Representati	ive Contact Phone	or Email

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Legal Owner: DA	Y REVOCABLE LVG TR 2011 ANTHONY G DA	AY & JANE N DAY		
APN	Parcel Address (if known)	Parcel	Assessment	Parcel %
3754 073	340 06TH	\$305.2	3 0.01%	
	*	Totals: \$305.2	3 0.01%	
	tition the Board of Supervisors to initiate spo not petition the Board of Supervisors to initi			
$O_n$	Day	March	h 18, 2018	
Signature of Own	er or Authorized Representative		Date	
/				
Jane 1	N Day	415 33	36 4293	
Print Name of Ow	ner or Authorized Representative	Representative	Contact Phone or Email	

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APN	Parcel Address (if known)		Parcel Assessmen	nt Parcel %
3754 082	155 HARRIET		\$224.84	0.01%
		Totals:	\$224.84	0.01%
Yes, I pet	tition the Board of Supervisors to initiate spe	ecial assessment	proceedings.	
No, I do	not petition the Board of Supervisors to initi	ate special assess	sment proceedings.	
~ 1 M			01-11	
10			9/27/18	
Signature of Own	er or Authorized Representative		Date	
01	6.1			
Kober	+G1bson	<u>H1</u>	5-722-6	1776
Print Name of Ow	oner or Authorized Representative	Represe	entative Contact Ph	one or Email

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Legal Owner: MUSCAT ALEXANDER

APN	Parcel Address (if known)	Parcel Asse	ssment	Parcel %
3754 085	1550 HARRIET	\$219.24		0.01%
		Totals: \$219.24		0.01%
Yes, I pe	tition the Board of Supervisors to initiate specia	l assessment proceedings.		
No, I do	not petition the Board of Supervisors to initiate	special assessment procee	dings.	
A Signature of Own	er or Authorized Representative		/18/18	
ALEXA	ENDOR MUSCAT	,	nuscat@	amail.
Print Name of Ow	oner or Authorized Representative	Representative Cont		1

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APN	Parcel Address (if known)	Parcel Assessment	Parcel %	
3754 086	0	\$218.20	0.01%	
		Totals: \$218.20		
Yes, I pe	tition the Board of Supervisors to initiate spe	ecial assessment proceedings.		
INO, I do	not petition the Board of Supervisors to initi	ate special assessment proceedings.		
0	11	3/19/2018		
		. / - 10		
ignature of Own	er or Authorized Representative	Date		
	er or Authorized Representative			
Signature of Own Paul	er or Authorized Representative		gmail. com	

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Legal Owner: JO	ONES CHRIS S		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3754 087	155 HARRIET #10	\$218.20	0.01%
		Totals: \$218.20	0.01%
Yes, I pe	etition the Board of Supervisors to initiate spec	cial assessment proceedings.	
No, I do	not petition the Board of Supervisors to initia	te special assessment proceedings.	
	)		
10	2005	21 mar 18	)
Signature of Owr	ner or Authorized Representative	Date	
Christ	typher S. Jones	415-179-9608 Representative Contact Phone or Ender- december 28th	derente 200 e
Print Name of Ov	vner or Authorized Representative	Representative Contact Phone or En	nail
		december20th	eyahou. Com
	PLEASE RETURN	BY APRIL 20, 2018 TO:	
	SoM	a West CBD	

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

The full SoMa West CBD Management Plan and Engineer's Report can be found at http://www.somawestcbd.org. For more information regarding formation of the SoMa West CBD, or if you believe any of the information stated in this petition is incorrect, please contact Aaron Aulenta at aaron@urbanplaceconsulting.com.

Afghanistan for 2018 (April 3) Jan/mar 2019)

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Company for pay, please emoil MP.

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Legal Owner: SE	YEDI MIR ASHKAN		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3754 105	322 6TH	\$213.33	0.01%
		Totals: \$213.33	0.01%
Yes, I per	tition the Board of Supervisors to initiate spe	cial assessment proceedings.	
No, I do	not petition the Board of Supervisors to initia	ate special assessment proceedings.	
011	(()	11/04/19	,
Usre	er or Authorized Representative	9/24/13 Date	
agnature of Own	er of Authorized Representative	Date	
MIR F	ISHKAN SEYEDI	816 547	6235
Print Name of Ow	ner or Authorized Representative	Representative Contact Phone o	r Email

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SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3754 111	322 6TH	\$217.89	0.01%
		Totals: \$217.89	0.01%
	tition the Board of Supervisors to initiate spons		
J. J.	<i></i>	3/24/2018	,
Signature of own	er or Authorized Representative	Date	
MI	KTN JAHNER	415 644 8	2950
	Territ Vita is Disc	1100.11	

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Legal Owner: ELLIK KENNETH E II

APN	Parcel Address (if kno	own)	Parcel Assessment	Parcel %
3755 004	310 07TH		\$1,205.13	0.03%
3755 003	310 07TH		\$2,338.77	0.06%
		Total	s: \$3,543.90	0.09%
No Idon	est notition the Board of Sunor	ruicare to initiato enocial acc	accment proceedings	
No, I do r	ot petition the Board of Super	visors to initiate special asso	essment proceedings.	
No, I do r	ot petition the Board of Super	visors to initiate special asso		
	er or Authorized Representativ		essment proceedings.  10 (31 \ 16  Date	,
	er or Authorized Representativ		10/31/18	

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APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3755 033	1184 HARRISON	\$1,030.75	0.03%
3755 034	1188 HARRISON	\$1,030.75	0.03%
	and the second second	ships the early of	
		Totals: \$2,061.51	0.05%
V,	tition the Board of Supervisors to initiate special	assessment proceedings.	
	not petition the Board of Supervisors to initiate s		
No, I do			

PLEASE RETURN TO:

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Representative Contact Phone or Email

Email: aaron@urbanplaceconsulting.com

Print Name of Owner or Authorized Representative

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Legal Owner: BIN	NLA LAL 1986 TRUST		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3755 044	20 HERON	\$4,734.55	0.13%
		Totals: \$4,734.55	0.13%
Yes, I pet	ition the Board of Supervisors to initiate sp	ecial assessment proceedings.	
No, I do r	not petition the Board of Supervisors to init	ate special assessment proceedings.	
0.	0.1.0	9-29-18	
Signature of Owner	er or Authorized Representative	Date	
ANI	LAC	ANIL @ /W	DIAMETS &
Print Name of Ow	ner or Authorized Representative	Representative Contact Phone or	Email

PLEASE RETURN TO: SoMa West CBD P.O. BOX 410805

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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Legal Owner: HE	RON STREET LLC % DANIEL DARLING		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3755 049	32 HERON	\$514.52	0.01%
	Eugen 12 og 1	Totals: \$514.52	0.01%
	tition the Board of Supervisors to initiate spe not petition the Board of Supervisors to initi		
	not petition the board of supervisors to min	are special assessment proceedings.	
365		09/29/	18
Signature of Own	er or Authorized Representative	Date	
	IEL DARLING		lingesmail.com
Print Name of Ow	ner or Authorized Representative	Representative Contact Phon	e or Email

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APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3755 052	355 08TH	\$882.22	0.02%
		Totals: \$882.22	0.02%
Yes, I per	tition the Board of Supervisors to initiate sp	ecial assessment proceedings.	
	not petition the Board of Supervisors to init		
No, ruo	not petition the board of Supervisors to fill	iate special assessment proceedings.	
			- Company - Comp
Levi	a C. Lam	3-26-18	
	er or Authorized Representative	Date	
	a. a	Date	
Signature of Own			
Signature of Own	A C. LAM	415-386-6	5217

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

#### TO ESTABLISH THE SoMa West COMMUNITY BENEFIT DISTRICT

- We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD\* (hereafter "Plan").
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Legal Owner: JL	JOITH HYMAN ROSENTHALTR JUDITH HYMAN		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3755 056	333 BTH	\$21,139.69	0.56%
4 9	e year		
	85	Totals: \$21,139.69	0.56%
	etition the Board of Supervisors to initiate special not petition the Board of Supervisors to initiate		1)
Pedie	L & Alyman	3-31-1	18
, ,	ner or Authorized Representative	Date	
Ludi	th Hyman	707-48-	48970

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

The full SoMa West CBD Management Plan and Engineer's Report can be found at http://www.somawestcbd.org. For more information regarding formation of the SoMa West CBD, or if you believe any of the information stated in this petition is incorrect, please contact Aaron Aulenta at aaron@urbanplaceconsulting.com.





-4 Page mailer SoMa West CBD to prop...BD.pdf- sum...inal.pdf

### PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ESTABLISH THE

#### SoMa West COMMUNITY BENEFIT DISTRICT

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Legal Owner: 10	HALLAM STREET LLC DIPAK PATEL			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3755 079	10 HALLAM		\$2,343.71	0.06%
			•	
		Totals:	\$2,343.71	0.06%
Yes, I pet	tition the Board of Supervisors to initiate sp	pecial assessment i	proceedings.	
4				
No, I do	not petition the Board of Supervisors to init	tiate special assess	ment proceedings.	
			The second secon	
	na.		3/13/2018	
Signature of Own	er or Authorized Representative		Date	
•				
DIPA	L PATEL	Car	5) 379 - 419	111
THIL INTEREST OF OW	ner or Authorized Representative	Represe	ntative Contact Phone or En	IIdli

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
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Yes, I petition the Board of Supervisors to initiate special assessment proceedings.  No, I do not petition the Board of Supervisors to initiate special assessment proceedings.  May 10, 2018  Signature of Owner or Authorized Representative  Date	APN	Parcel Address (if known)	Parcel Assessment	Parcel %
Yes, I petition the Board of Supervisors to initiate special assessment proceedings.  No, I do not petition the Board of Supervisors to initiate special assessment proceedings.  May 10, 2018  Signature of Owner or Authorized Representative  Date	3755 099	A CONTRACTOR OF THE PARTY	\$1,017.25	0.03%
No, I do not petition the Board of Supervisors to initiate special assessment proceedings.    Signature of Owner or Authorized Representative   May 10, 2018			Totals: \$1,017.25	0.03%
Signature of Owner or Authorized Representative  May 10, 2018  Date				
Signature of Owner or Authorized Representative Date				
		VPI	11 20 20	10
Joshua K. Pryor (415) 861-2165			Date Date	710

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3755 104	120 LANGTON	\$682,35	0.02%
		Totals: \$682.35	0.02%
		THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SE	
No, I do	not petition the Board of Supervisors to init	iate special assessment proceedings.	
	,		30/8
	not petition the Board of Supervisors to inition	Sqt 25+4, a	30/8
M. K	er or Authorized Representative	Sqd 25+4, a	
	er or Authorized Representative		Gmail. Com

PLEASE RETURN TO:

P.O. BOX 410805

San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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APN	Parcel Address (if known)		Parcel Assessmen	nt Parcel %
3755 132	308 07TH		\$461.06	0.01%
	×			
		Totals:	\$461.06	0.01%
1				
		·	10/31	118
Signature of Owner	er or Authorized Répresentative		ID/31	118
	er or Authorized Representative			

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

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Legal Owner: DE	CAIGNY THOMAS E II			
APN	Parcel Address (if known)	•	Parcel Assessme	ent Parcel %
3755 138	47 HALLAM		\$197.95	0.01%
		Totals:	\$197.95	0.01%
Yes, I per	tition the Board of Supervisors to initiate spec	cial assessment	proceedings.	
No, I do	not petition the Board of Supervisors to initia	te special assess	sment proceedings	5.
JP.	600	<u> </u>	1 , ,	7 7010
16-	C. De C	1	larch 1	7, 2018
Signature of Own	er or Authorized Representative		Date	
Thoma	s E. De Caigny	to	ecaign	y e gmail.com
	ner or Authorized Representative		entative Contact P	

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APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3755 147	67 HALLAM		\$197.89	0.01%
		Totals:	\$197.89	0.01%
Yes, I pe	etition the Board of Supervisors to initiate spe	ecial assessment p	proceedings.	
No, I do	not petition the Board of Supervisors to initi	ate special assess	ment proceedings.	
			3/17/18	/
Signature of Owr	or Authorized Representative		Date	
1				

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APN	Parcel Address (if known)	Parce	el Assessment	Parcel %
3755 153	10 BRUSH	\$300	.23	0.01%
		Totals: \$300	.23	0.01%
Yes, I petition	the Board of Supervisors to initiate spe	ecial assessment procee	edings.	
No, I do not pe	tition the Board of Supervisors to initi	ate special assessment	proceedings.	
Csh		31	26/18	
			00 114	
signature of Owner or A	Authorized Representative		Date	

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APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3755 155	7 HALLAM		\$217.88	0.01%
		Totals:	\$217.88	0.01%
Yes, I pe	tition the Board of Supervisors to initiate spo	ecial assessment p	oroceedings.	
No, I do	not petition the Board of Supervisors to initi	ate special assess	ment proceedings.	
M		3 /	122/18	
Signature of Own	er or Authorized Representative	_3/	23/18 Date	
Signature of Own	er or Authorized Representative	_3/	23/18 Date	
Issignature of Own Michael	er or Authorized Representative	<u>3/</u> 415	23/18 Date	

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Legal Owner: PAI	NDOLF ELISA M & MULLIGAN		
APN	Parcel Address (If known)	Parcel Assessment	Parcel %
3755 170	132 LANGTON	\$225.88	0.01%
		Totals: \$225.88	0.01%
Yes, I pet	ition the Board of Supervisors to initiate spe	cial assessment proceedings.	
$\succeq$	not petition the Board of Supervisors to initia		
	a bluenz	4/16/2018	
Signature of Owner	er or Authorized Representative	Date	
Bo	Huang	614477 3063	
	ner or Authorized Representative	Representative Contact Phone or En	ıall

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Legal Owner: Al	RIZCUREN JACK P			
APN .	Parcel Address (if known)		Parcel Assessment	Parcel %
3755 177	142 ALANGTON		\$225.88	0.01%
		Totals:	\$225.88	0.01%
	etition the Board of Supervisors to initiate sp not petition the Board of Supervisors to init			
11	1		, ,	
1.11/	1		7/11/10	
Signature of Own	ner O Authorized Representative		5/20/18 Date	
	P. ARIZCULEN		5/20/18 Date - (360) 607	7-1328

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APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3755 179	144 ALANGTON	\$225.88	0.01%
		Totals: \$225.88	0.01%
Yes, I pe	tition the Board of Supervisors to initiate spec	ial assessment proceedings.	
No, I do	not petition the Board of Supervisors to initia	te special assessment proceedings.	
	the state of the s		
Bu	02	4/3/18	
D Signature of Own	er or Authorized Representative	4/3/18 Date	
	er or Authorized Representative  D. THOMAS	4/3/18 Date 415-487-1442	

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San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: NEV	WFIELD JOSEPH S			
APN	Parcel Address (if known)	*	Parcel Assessment	Parcel %
3755 190	59 RODGERS		\$299.02	0.01%
		Totals:	\$299.02	0.01%
	ition the Board of Supervisors to initiate spont petition the Board of Supervisors to initi			
Signature of Owner	er or Authorized Representative		10/20/18	
/	Jew field	105	eph New field @entative Contact Phone or En	g mail-zon
Print Name of Ow	ner or Authorized Representative	Represe	entative Contact Phone or En	nail USUS

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3755 196	59 BRODGERS		\$218.76	0.01%
	•	Totals:	\$218.76	0.01%
Yes, I pe	tition the Board of Supervisors to initiate spe	ecial assessment p	proceedings.	
1 I No. Ido				
	not petition the Board of Supervisors to initi	ate special assess	ment proceedings.	
	not petition the board of Supervisors to initi	ate special assess	ment proceedings.	
	That petition the Board of Supervisors to initi	ate special assess	ment proceedings.	
	Muer	ate special assess	5/11/18	
	Authorized Representative	ate special assess	5/11/18 Date	
	Muer		5/11/18	

#### PLEASE RETURN BY APRIL 20, 2018 TO:

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San Francisco, CA 94141-0805
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Legal Owner: Sm	ith WH & Patricia M Trust	1.5		
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3755 200	175 LANGTON		\$242.46	0.01%
,		Totals:	\$242.46	0.01%
	tition the Board of Supervisors to initiate sponot petition the Board of Supervisors to init			
	er or Authorized Representative		5 5 18 Date	
Melena			elenas Mith 2@	

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Legal Owner: PA	DULA AHTHONY S		
APN	Parcel Address (if known)	Parcel Assessmer	nt Parcel %
3755 202	175 LANGTON	\$325.85	0.01%
		Totals: \$325.85	0.01%
Yes, I pe	tition the Board of Supervisors to initiate sp	ecial assessment proceedings.	
No, I do	not petition the Board of Supervisors to init	ate special assessment proceedings.	
-	A		
Signature of Own	er or Authorized Representative	10   8   18	
Antho	ny Padula	415-31	7-1508

PLEASE RETURN TO:

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San Francisco, CA 94141-0805

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APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3755 208	370 7TH ST #3	\$237.40	0.01%
		Totals: \$237.40	0.01%
Yes I peti	ition the Board of Supervisors to initiate spec	ial assessment proceedings	
I les, i pec	ation the board of Supervisors to initiate spee	iai assessinent procedings.	
No, I do n	ot petition the Board of Supervisors to initia	te special assessment proceedings.	
No, I do n	ot petition the Board of Supervisors to initia	te special assessment proceedings.	
Liusa	e Necilo	10.3.18	
Jusa			
Signature of Owne	e Necilo	10.3.18	innest

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Legal Owner: HA	ANCOX FLORIZEL			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3755 212	370 7TH ST #7		\$334.34	0.01%
		Totals:	\$334.34	0.01%
	etition the Board of Supervisors to initiate spe			
Signature of Own	ne Julian de la companya de la compa		9.28.18 Date	
Rowu Print Name of Ov	na Hammill wher or Authorized Representative		mmill davis @ Contact Phone or E	

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Legal Owner: CHAD E SPITIER LIVING TRUSTCHAD E SPITIER TRUSTEE

APN	Parcel Address (if known)	р	arcel Assessment	Parcel %
3755 214	370 7TH ST #9	\$	334.47	0.01%
		Totals: \$	334.47	0.01%
Yes, I pet	ition the Board of Supervisors to initiate spe	cial assessment pro	oceedings.	
No, I do i	not petition the Board of Supervisors to initia	ate special assessm	ent proceedings.	
Ah	: prin		3/23/18	
			' Date '	
Signature of Owner	or Authorized Representative	41.	5-260-158	9 (4CES 2) Concast. NE

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San Francisco, CA 94141-0805
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APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3755 221	23 RODGERS		\$147.04	0.00%
		Totals:	\$147.04	0.00%
-	ition the Board of Supervisors to initiate spo			
No, I do	not petition the Board of Supervisors to initi	ate special assess	ment proceedings.	
			<del></del>	
Par 1	2.1		3/22/18	1
Signature of Own	er or Authorized Representative		3/22/18 Date	
Signature of Owner				1.00

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
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San Francisco, CA 94141-0805
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#### PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ESTABLISH THE

#### SoMa West COMMUNITY BENEFIT DISTRICT

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APN	Parcel Address (if known)		Parcel Assessment	Parcel %	
3755 224	29 RODGERS		\$146.65	0.00%	
		Totals:	\$146.65	0.00%	
Yes, I pe	tition the Board of Supervisors to initiate sp	pecial assessment p	proceedings.		
No, I do	not petition the Board of Supervisors to init	tiate special assess	ment proceedings.		
1).8	28.	2	3/18/2018		
Signature of Own	er or Authorized Representative		Date .	N	
orgination E en entre	or Mathonized Representative		Date		
DAVID	NEWMAN	_ 41	15-713-7635		

#### PLEASE RETURN BY APRIL 20, 2018 TO:

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P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: MA	AJORITY INVESTMENT INC		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3756 010	351 09TH	\$5,830.19	0.15%
		Totals: \$5,830.19	0.15%
Yes, I pe	tition the Board of Supervisors to initiate sp	ecial assessment proceedings.	
No, I do	not petition the Board of Supervisors to initi	ate special assessment proceedings.	
7	er or Authorized Representative	3/27/18	
Signature of Own	er or Authorized Representative	Date	
CINIDY NEW	1YEN, on behalf of		
MN 375	6010 owners	steelets & an	ail-con
	vner or Authorized Representative	Representative Contact Phone or E	mail

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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Legal Owner: BE	NZ FAMILY TRUST JENNIFER TALBOT B	ENZ	
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3756 019	20 RINGOLD	\$848.84	0.02%
		Totals: \$848.84	0.02%
Yes, I pet	ition the Board of Supervisors to initiate sp	ecial assessment proceedings.	4.23
No, I do i	not petition the Board of Supervisors to init	ate special assessment proceedings.	
911	B	4-13-18	
Signature of Owner	er or Authorized Representative	Date	
Sennifo	v Benz	Sunbur a Representative Contact Phone of	smail. con
Print Name of Ow	ner or Authorized Representative	Representative Contact Phone	or Email

#### PLEASE RETURN BY APRIL 20, 2018 TO:

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Legal Owner: 38	-40 RINGOLD STREET LP			
APN	Parcel Address (if known)	Parc	cel Assessment	Parcel %
3756 023	38 RINGOLD	\$72	2.45	0.02%
		Totals: \$72	2.45	0.02%
Yes, I pe	tition the Board of Supervisors to initiate sp	ecial assessment proce	edings.	
No, I do	not petition the Board of Supervisors to init	tiate special assessment	proceedings.	
	Α			
In		0	19/1/14	2014
Signature of Own	A. A		Date	-0
Milli	er or Authorized Representative			
V * .	WWW PUNDOW	415	-503.9	117

#### PLEASE RETURN BY APRIL 20, 2018 TO:

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Legal Owner: DL	JRNIN DERMOT J&CHARLOTTE M			
APN	Parcel Address (if known)	Parcel	Assessment	Parcel %
3756 027	64 RINGOLD	\$568.3	1 0.02%	,
		Totals: \$568.3	1 0.02%	
	/	er Setters after the setter setters setter service Se = 5	/ ,	
1			T/3/CB	
Signature of Own	er or Authorized Representative	1 <del></del>	Date	7
		0.30		
DERA	not DURNEN	1400 6	72.0349	
	upor or Authorized Penresentative		Contact Phone or Email	

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Legal Owner: AV	/ISO LLC			
APN	Parcel Address (if known)	*	Parcel Assessment	Parcel %
3756 032	325 09TH	(4)	\$3,279.10	0.09%
		Totals:	\$3,279.10	0.09%
Yes, I pe	tition the Board of Supervisors to initiate spec	cial assessment	proceedings.	
No, I do	not petition the Board of Supervisors to initia	te special assess	sment proceedings.	
1/				
for	Rhe		3/12/2018	
Signature of Own	ner or Authorized Representative		Date	
VIVINA	ACEBAL	Vivi	ANACEBAL @ P	IE. COM

#### PLEASE RETURN BY APRIL 20, 2018 TO:

Print Name of Owner or Authorized Representative

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

Representative Contact Phone or Email

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Legal Owner: St	JRVIVORS TRUST % RICHARD E HARMS			
APN	Parœl Address(if known)		Parœ l Asse same nt	Parcel %
3756 046	1219 FOLSOM		\$725.43	0.02%
		Totals	\$725.43	002%
	etition the Board of Supervisors to initiate spec not petition the Board of Supervisors to initia			
	The petition the Board of Supervisors to mind		, , , , , , , , , , , , , , , , , , ,	
Mobis	· W. Jaims		9.27.18	
Signature of Own	ner or Authorized Representative		Date	
Print Name of Ov	wner or Authorized Representative	Represe	entative Contact Phone or En	nail

PLEASE RETURN TO:

SoMa West CBD

P.O. BOX 410805

San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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Legal Owner: 10 GROOP LAND 1	RUST BRUCE LAMEY		
APN Parcel	Address (if known)	Parcel Assessment	Parcel %
3757 002A //// 9th	CL	\$3,489.66	0.09%
Tier o	office of the		
SANTA	Sticisco, CA HO	Totals: \$3,489.66	0.09%
Yes, I petition the Board	of Supervisors to initiate special as		
	Board of Supervisors to initiate spe		
No, 1 do not petition the	board of supervisors to illitiate spe	ciai assessment proceedings.	
	//	1 1	1
Poruce ta	they	April 11	2018
Signature of Owner of Authorized	Representative	Date (	
BRUCE LA	HEX	BRUCELAHE	ye GMAIL. com
Print Name of Owner or Authorize	ed Representative	Representative Contact Phone	or Email
		410	5.902.7787
	PLEASE RETURN BY A		

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: Cr	IUNG ENTERPRISES L P % HENRY W S CHUNG			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3757 010	1014 BRYANT		\$662.51	0.02%
		Totals:	\$662.51	0.02%
processor of the same of the s			The Company of the Co	
Yes, I pe	tition the Board of Supervisors to initiate special as	sessment p	proceedings.	
	not petition the Board of Supervisors to initiate special as			
No, I do	not petition the Board of Supervisors to initiate spe		ment proceedings.	
No, I do				
No, I do	not petition the Board of Supervisors to initiate spe		ment proceedings.	

PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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APN	Parcel Address (if known)	Parcel Ass	essment Parcel 9
3757 077	428 8TH	\$261.87	0.01%
		Totals: \$261.87	0.01%
Yes, I pet	ition the Board of Supervisors to initiate speci	al assessment proceedings	5
	ition the Board of Supervisors to initiate speci		
	ition the Board of Supervisors to initiate speci		
		e special assessment proce	edings.
No, I do r		e special assessment proce	edings.

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APN	Parcel Address (if known)		Parcel Assessment	Parcel %
757 085 1247 HARRISON			\$310.67	0.01%
		Totals:	\$310.67	0.01%
Yes, I per	ition the Board of Supervisors to initiate spe	ecial assessment r	proceedings.	
No, I do	not petition the Board of Supervisors to initia	ate special assess	ment proceedings.	
	at.			
73:	A Mu		8105/19/80	
Signature of Own	er or Authorized Representative		Date	
V				
			10	
THOMAS	G. MATSON	TMA	TSON@PACBEL	L. IVET

#### PLEASE RETURN BY APRIL 20, 2018 TO:

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P.O. BOX 410805
San Francisco, CA 94141-0805
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**Legal Owner: AYCAN DAVID** 

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3757 093	1247 HARRISON	\$267.02	0.01%
		Totals: \$267.02	0.01%
Yes, I pet	ition the Board of Supervisors to initiate spe	cial assessment proceedings.	
No, I do	not petition the Board of Supervisors to initi	ate special assessment proceedings.	
	<i>γ</i> Λ	1 1 -	
Signature of Owner	er or Authorized Representative	04/a1/18	
		canha anla	rid . ay can agman
DAVID	ATCAN	- and yearly of day	not on can cogman
Print Name of Ow	ner or Authorized Representative	Representative Contact Phone or E	mail . con

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Legal Owner: J	EANNE ROSE DAVIS REVOC LVGDAVIS JEANN	E TRUSTEE	
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3757 100	1247 HARRISON	\$269.75	0.01%
		Totals: \$269.75	0.01%
	petition the Board of Supervisors to initiate sp		
	re Rise Davis uner or Authorized Representative	3-29-18 Date	
	VE Rose Davis  Owner or Authorized Representative	Representative Contact Phor	11@cox. Net

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San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: CYNSA BONORRIS TRUST - 8/ APN Parcel Address (if known) **Parcel Assessment** Parcel % 3757 109 1247 HARRISON \$268.97 0.01% Totals: \$268.97 0.01% Yes, I petition the Board of Supervisors to initiate special assessment proceedings. No, I do not petition the Board of Supervisors to initiate special assessment proceedings. 03/19/2018 owner or Authorized Representative 415-252-9556 CYNSA BONDERUS, TRUSTEE

#### PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: Laska Peter J/hemming Jared T

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3757 114	1221 HARRISON	\$264.91	0.01%
		Totals: \$264.91	0.01%
	tition the Board of Supervisors to initiate spont of petition the Board of Supervisors to initi		
Signature of Own	er or Authorized Representative	30 MARCH, ZO	018
	T. LASKA uner or Authorized Representative	TETEROTOWASK Representative Contact Phone or En	

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Legal Owner & CANITOC ALEVANDED MA

APN	Parœl Addre ss(if known)	Parœ l Asse same nt	Parcel %
3757 115	1221 HARRISON	\$284.32	0.01%
		Totals: \$28432	0.01 %
	etition the Board of Supervisors to initiate sp		
No,1 do	not petition the Board of Supervisors to init	iate special assessment proceedings.	
	1//	9/25/13	
Signature of Own	ner or Authorized Representative	Date	

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

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Legal Owner: WA	LL JACOB THOMAS-FRANKLIN			*
APN	Parcel Address (if known)	41.	Parcel Assessment	Parcel %
3757 129	1221 HARRISON		\$284.32	0.01%
		Totals:	\$284.32	0.01%
2 %	ition the Board of Supervisors to initiate speci			
Signature of Owner	er or Authorized Representative		3 18 18 bate	
JACOB TI	HOMAS-FRANKLIN WALL	30	0 733 6172	

#### PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

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	Parcel Address (if known)		Parcel Assessment	Parcel %
757 133 1221 HARRISON	1221 HARRISON		\$301.00	0.01%
		Totals:	\$301.00	0.01%
	Board of Supervisors to initiate sp on the Board of Supervisors to init			
			4.2.18	
Signature of Owner or Aut	horized Representative	-	Date	
Jayesh shah				
JUME JUMP				

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APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3757 135	1221 HARRISON # 22	\$301.00	0.01%
	çum setorifica	Totals: \$301.00	0.01%
Yes, I peti	tion the Board of Supervisors to initiate specia	l assessment proceedings.	
No, I do n	ot petition the Board of Supervisors to initiate	special assessment proceedings.	
	(1)	09.2718	
ignature of Owne	r or Authorized Representative	Date	
	$\sim$	2 1 0 0	
Bruce	& Boumann	Breda @ Bauman	nassociates
rint Name of Owr	ner or Authorized Representative	Representative Contact Phone or Er	mail
			con
	PLAN + LIPLEAS	ERETURN TO:	
	h MSóM	ia West CBD	
1		BOX 410805 Co, CA 94141-0805	

The full SoMa West CBD Management Plan and Engineer's Report can be found at http://www.somawestcbd.org. For more information regarding formation of the SoMa West CBD, or if you believe any of the information stated in this petition is incorrect, please contact Aaron Aulenta at aaron@urbanplaceconsulting.com.

Email: aaron@urbanplaceconsulting.com

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Legal Owner: GO	OODSON LOUIS J			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3757 136	1221 HARRISON		\$296.44	
		Totals:	\$296.44	0.01%
Yes, I per	tition the Board of Supervisors to initiate sp	ecial assessment p	proceedings.	
No, I do	not petition the Board of Supervisors to init	iate special assess	ment proceedings.	
Jours	Alle		4-4-201	8
Signature of Own	er or Authorized Representative		Date	
Louis	J. GODDSON	Go	UDSONLTE CON	MCAST NET
Print Name of Ow	ner or Authorized Representative	Represe	ntative Contact Phone or Er	mail

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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APN	Parcel Address (if known)	7	Parcel Assessment	Parcel %
3757 138	1221 HARRISON		\$285.11	0.01%
		Totals:	\$285.11	0.01%
No, I do	not petition the Board of Supervisors to initia	ate special assess	sment proceedings	
No, I do I	not petition the Board of Supervisors to initia	ate special assess	sment proceedings.	
10	1 ,			
Jula V	mal		4-8-18	
ignature of Own	er or Authorized Representative		Date	
	22			
JULA	Vourou 245			
	ner or Authorized Representative	1 mar 1 mar 2 mar	entative Contact Phone or En	County & Cou

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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Legal Owner: SILVEIRA MATTHEW J

APN	Parcel Address (if known)	Pa	arcel Assessment	Parcel %	
3758 045	1163 HARRISON	\$4	457.99	0.01%	
		Totals: \$4	457.99	0.01%	
Yes, I pe	etition the Board of Supervisors to initiate sp	ecial assessment pro	ceedings.		
No, I do	not petition the Board of Supervisors to init	iate special assessme	ent proceedings.		
. 1		1	. 10		-
M	<u>`</u>	3/2	4/18		
Signature of Own	ner or Authorized Representative		Date		
Mathew	Silveira	206-	484-8141 / cative Contact Phone or En	lara.l. silveir	ra Q
Print Name of Ov	wner or Authorized Representative	Representa	ative Contact Phone or En	nail	smail.

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805 (wite)

Email: aaron@urbanplaceconsulting.com

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			*	
Legal Owner: BRA	YER LLC RONALD RUTTENBURG			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3758 131	1177 HARRISON		\$1,975.31	0.05%
36		Totals:	\$1,975.31	0.05%
7	tion the Board of Supervisors to initiale spot petition the Board of Supervisors to ini			
Signature of twee	Attorney in tact		5-20-18 Date	<u> </u>
Print Name of Own	et Brayer ner or Authorized Representative	Repres	415 - 286 - 41 entative Contact Phone or	
			Jane	et@ rayer.nel
	PLEASE RETU	RN BY APRIL 20, 2	1018 TO:	a rac not
		oMa West CBD	B	agerona
	P.	O. BOX 410805		

The full SoMa West CBD Management Plan and Engineer's Report can be found at http://www.somawestcbd.org. For more information regarding formation of the SoMa West CBD or if you believe any of the information stated in this petition is incorrect, please contact Aaron Aufenta at aaron@urbanplaceconsulting.com.

San francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: 772	BRYANT LLC GERALD K & VIKKI	IART	
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3760 024	772 BRYANT	\$1,206.32	0.03%
		Totals: \$1,206.32	0.03%
No, I do i	not petition the Board of Supervisors to	nitiate special assessment proceedings.	
CKell	KKI HAR	6/1/18	
GLLV	er or Authorized Representative	(415) (d01-4957	
Print Name of Ow	ner or Authorized Representative	Representative Contact Phone or En	nail

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: 78	0 BRYANT LLC	•	
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3760 025	780 BRYANT	\$669.29	0.02%
		Totals: \$669.29	0.02%
Yes, I pe	tition the Board of Supervisors to initiate sp	pecial assessment proceedings.	,
	not petition the Board of Supervisors to init		
140,740	not petition the Board of Supervisors to him	nate special assessment proceedings.	
	1. 54 0 11	-1./12	
5/ 2V	Ca Hat	6///8 Date	
Signature or Own	er or Authorized Representative	Date	
6.K.2	VILLI HARS	(415) 801-495	7
Print Name of Ow	ner or Authorized Representative	Representative Contact Phone or Er	mail

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P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: SIX	TH & BRYANT LLC STEVEN C WIGHT		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3760 026A	489 06TH	\$1,224.52	0.03%
3760 026	489 06TH	\$2,517.93	0.07%
		Totals: \$3,742.46	0.10%
Vor Inst	ition the Board of Supervisors to initiate on	ocial accessment proceedings	
res, i pet	ition the Board of Supervisors to initiate sp	eciai assessment proceedings.	
No. I do r	not petition the Board of Supervisors to init	late special assessment proceedings.	
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	2	5/15/2018	
Signatura		<u> </u>	
Signature by Owne	ar or Authorized Penroleantative	Data	
· ·	er or Authorized Representative	Date	
_	. 44	/ / Date	
ERIA VIG	. 44	/ / Date	cycle.com
	. 44	ERIC & BMV Mojoro Representative Contact Phone or Er	
	-uT	ERIC @ BMWMOTOR	
	ner or Authorized Representative	ERIC @ BMWMOTOR	

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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Legal Owner: JO	HNSTON-FISCH REVOCTR B JOHNSTON 8	ROBERTTA FISCH		
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3760 106	921 HARRISON		\$703.36	0.02%
		Totals:	\$703.36	0.02%
	etition the Board of Supervisors to initiate sp not petition the Board of Supervisors to init			
Signature of Own	Morer or Authorized Representative	_2,	7.22.18 Date	
WIVLIAM Print Name of Ow	O CITUROSONO	WY	ncjohnston	Camail. wor

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3760 125	409 V06TH		\$479.51	0.01%
3760 035	993 HARRISON		\$1,990.50	0.05%
		Totals:	\$2,470.00	0.07%
Yes, I pet	ition the Board of Supervisors to initiate spe	ecial assessment p	proceedings.	
	ition the Board of Supervisors to initiate spenot petition the Board of Supervisors to initia			
		ate special assess	ment proceedings.	10
No, t do I	not petition the Board of Supervisors to initia	ate special assess	ment proceedings. 0 - 06 - 20	18
No, t do		ate special assess	ment proceedings.	18
No, t do	not petition the Board of Supervisors to initia	ate special assess	ment proceedings. 0 - 06 - 20	

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SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805

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APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3760 136	712 BRYANT	\$540.71	0.01%
		Totals: \$540.71	0.01%
	ition the Board of Supervisors to initiate spe		
1,10,1401	/ / Supervisors to mile	ate special assessment proceedings.	
Fresh	Alm	10/7/2	018
Signature of Owner	er or Authorized Representative	Date	
FRANCE	IS THROWER	FTHROWERE	ICLOUD. CON
Print Name of Ow	ner or Authorized Representative	Representative Contact Phone or En	nail

PLEASE RETURN TO:

SoMa West CBD

P.O. BOX 410805

San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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APN	Parcel Address (if known)	······································	Parcel Assessment	Parcel %
3779 009	564 06TH		\$4,164.79	0.11%
		Totals:	\$4,164.79	0.11%
- A				
- A				
1/6/5			5-11-18	
Signature of Owr	ner or Authorized Representative		Date	
NEIL .			•	
NEIL	MILLER	MMG	Delybournecap	ital, com

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

#### PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ESTABLISH THE

#### SoMa West COMMUNITY BENEFIT DISTRICT

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PN	Parcel Address (if known)	Parcel Assessment	Parcel %
779 034	521 07TH	\$1,419.95	0.04%
		Totals: \$1,419.95	0.04%
Yes, I peti	ition the Board of Supervisors to initiate specia	l assessment proceedings.	
No, I do n	ot petition the Board of Supervisors to initiate	special assessment proceedings.	
/			
	4	3.19.18	
ignature of Owne	r o Authorized Representative	3.19.18 Date	
Greg	ar of Authorized Representative  On Honor Authorized Representative	Date  9 regworthing to  Representative Contact Phone or Email  (415) 806.05	n@Zoho.

P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

#### PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ESTABLISH THE

#### Soma West COMMUNITY BENEFIT DISTRICT

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD\* (hereafter "Plan").
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- 4. We understand that upon receipt of this petition signed by property owners (or authorized representative of property owners) who will pay more than thirty percent (30%) of the proposed assessments, the Board of Supervisors may initiate proceedings to renew and expand the District. These proceedings will include balloting of property owners under which majority of weighted property owners who return a ballot may authorize the Board of Supervisors to renew and expand the District. This petition does not represent a final decision.

APN	Parcel Address (if known)	Parcel Asse	ssment	Parcel %
3779 088	51 BOARDMAN	\$840.74		0.02%
		Totals: \$840.74		0.02%
No, I do not	petition the Board of Supervisors to initi	ate special assessment procee	edings.	
No, I do not	petition the Board of Supervisors to initi	ate special assessment procee	edings.	
A El	petition the Board of Supervisors to initial	ate special assessment proceed	/18	
A El	Before	3/14	1/18 te	

PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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Legal Owner: 17	-19 BOARDMAN PLACE LLC			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3779 095	17 BOARDMAN		\$1,225.91	0.03%
		Totals:	\$1,225.91	0.03%
	tition the Board of Supervisors to initiate sp not petition the Board of Supervisors to init			
House	& (Sugar)		9/25/18	
Signature of Own	er or Authorized Representative		Date	
HALRY	P. AUBHUAT	6_	ubright e p	acbell, net
Print Name of Ow	vner or Authorized Representative	Represe	entative Contact Phone or Em	nail

PLEASE RETURN TO:

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Legal Owner: Wo	ORLD GREG			· · · · · · · · · · · · · · · · · · ·
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3779 156	39 BOARDMAN	4	\$245.74	0.01%
		Totals:	\$245.74	0.01%
7	not petition the Board of Supervisors to initiate spe			·
Signature of Own	er of Authorized Representative	\(\frac{1}{2} \)	Date	
GRE6	WORLD			
	ner or Authorized Representative	Represen	tative Contact Phone or Em	nail

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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Legal Owner: MCCARTY MICHAEL & SALLY

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3779 169	328 HARRIET	\$363.79	0.01%
		Totals: \$363.79	0.01%
_	tition the Board of Supervisors to initiate specia not petition the Board of Supervisors to initiate		
Signature of Own	er or Authorized Representative	April 9, 2	018
	acf 5. McCarly uner or Authorized Representative	mmccarty usa @ Representative Gontact Phone or Ema	sbcglobaline

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San Francisco, CA 94141-0805

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APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3779 170	330 HARRIET		\$290.96	0.01%
		Totals:	\$290.96	0.01%
Yes, I pe	etition the Board of Supervisors to initiate spec	cial assessment <sub>l</sub>	proceedings.	
No, I do	not petition the Board of Supervisors to initia	te special assess	ment proceedings.	
	,			
//			3-23-	18
Signature of Own	ner or Authorized Representative	_	3 - 23 - 1	18
Signature of Own	ner or Authorized Representative  Machowsky		0 - 0	

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P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

The full SoMa West CBD Management Plan and Engineer's Report can be found at http://www.somawestcbd.org. For more information regarding formation of the SoMa West CBD, or if you believe any of the information stated in this petition is incorrect,

please contact Aaron Aulenta at aaron@urbanplaceconsulting.com.

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Legal Owner: GLORIA	A GATLIN LVG TRUST TH	HANE PLAMBECK & G	LORIA GAT		
APN	Parcel Address (if kr	nown)		Parcel Assessment	Parcel %
3779 182	317 HARRIET -			\$235.61	0.01%
			Totals:	\$235.61	0.01%
Yes, I petitio	n the Board of Supervisor	s to initiate special as	sessment <sub> </sub>	proceedings.	
No, I do not	petition the Board of Sup	ervisors to initiate spe	ecial assess	ment proceedings.	
	00 1				
There	Plenbul				
Signature of Owner o	r Authorized Representat	ive		Date	
THANE F	PLAMBECK		t	plambeck@	gmail.com
Print Name of Owner	or Authorized Representa	ative	Represe	entative Contact Phone or En	nail

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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Legal Owner: Al	LEMOZAFAR ALI & KENNEDY SH	V-10		1_
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3779 193	317 HARRIET		\$300.24	0.01%
		Totals:	\$300.24	0.01%
Yes, I pe	etition the Board of Supervisors to initiate spe	cial assessment <sub>l</sub>	proceedings.	
No, I do	not petition the Board of Supervisors to initia	ate special assess	sment proceedings.	
dc	2 Auronih	(M)	3/18/18	
Signature of Owr	ner or Authorized Representative		Date	
Ai A	emozafar & shelley konnedy	<b>1</b>	650 - 387 - 1	212
Print Name of Ov	wner or Authorized Representative	Represe	entative Contact Phone or En	nail

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: CHU	TSANG-FAI V & AI-LING			
APN	Parcel Address (if known)	Parcel Asse	ssment Parcel 9	<u>%</u>
3779 204	590 06TH	\$305.65	0.01%	
		, R		
		Totals: \$305.65	0.01%	
	tion the Board of Supervisors to initiate spe ot petition the Board of Supervisors to initia		dings.	
1-4		3/2	0/2018	
Signature of Owne	or Authorized Representative	Da	te	
TSANG 1	EAT VICTOR UN	83256	72735	
Print Name of Own	er or Authorized Representative	Representative Cont	act Phone or Email	

#### PLEASE RETURN BY APRIL 20, 2018 TO:

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P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: K	ENNETH A KELLY LIVING TRUSKENNETH A KELLY TR	USTEE	
APN	Parcel Address (if known)	Parcel Assessmen	t Parcel %
3779 222	590 6TH	\$270.99	0.01%
		Totals: \$270.99	0.01%
	etition the Board of Supervisors to initiate special as		
Signature of Ow	rer or Authorized Representative	2 2 7 Date	118
	eth A Kelly, Anske		ielsonservices.co

PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Print Name of Owner or Authorized Representative

Email: aaron@urbanplaceconsulting.com

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Legal Owner: T-C 888 BRANNAN OWNER LLC % TEACHERS INSURANCE & ANNU APN **Parcel Assessment** Parcel Address (if known) Parcel % 3780 006 \$20,723.56 866 BRANNAN 0.55% 3780 007A 545 08TH \$26,112.06 0.69% Totals: \$46,835.62 1.24% Yes, I petition the Board of Supervisors to initiate special assessment proceedings. No, I do not petition the Board of Supervisors to initiate special assessment proceedings. Signature of Owner or Authorized Representative cindy. Chen@ Threalestate com Cindy Fung Chen

#### PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or En

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: CH	ARLES H SUGARMAN EXEMPT DCHARLES H	SUGARMAN		
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3780 008	541 08TH	\$3,336.73		0.09%
		Totals:	\$3,336.73	0.09%
Yes, I pe	tition the Board of Supervisors to initiate sp	ecial assessment p	proceedings.	
No, I do	not petition the Board of Supervisors to init	iate special assess	ment proceedings.	
Cl.o			3/26/18	
Signature of Own	er or Authorized Representative		Date	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
CHAPLES	SUGARMA		(415)497-374	-8
Print Name of Ow	ner or Authorized Representative	Represe	ntative Contact Phone or En	

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Legal Owner: 9 D	ECATUR STREET LLC		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3780 030	9 DECATUR	\$766.40	0.02%
		Totals: \$766.40	0.02%
	ition the Board of Supervisors to initiate spenot petition the Board of Supervisors to initi		
Signature of Owner	er or Authorized Representative	3/20/18 Date	/
DANIER	FISHSON	Dance Fishbein	properties, com

PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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Legal Owner: CRP/MAPLE BRYANT STREET OWN

APN	Parcel Address (if known)		Parcel Assessmen	nt Parce	1%
3780 044	955 BRYANT		\$14,128.38 0.		7%
		Totals:	\$14,128.38	0.37%	6
	ition the Board of Supervisors to initiate spo				
- No, rao r	Or petition the Board of Supervisors to line	ate special asses	ment proceedings	•	
Millians	O. Demmer		4/10/-	2018	
Signature of Owner	r or Authorized Representative		Date		
William	Thompson		Tyler Evje	415-381-3001	tevje@tcr.com
Print Name of Own	ner or Authorized Representative	Represe	entative Contact Ph	one or Email	

#### PLEASE RETURN BY APRIL 20, 2018 TO:

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P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3780 072	850 BRANNAN	10	\$24,371.02	0.65%
3780 007	870 BRANNAN		\$3,456.26	0.09%
		Totals:	\$27,827.29	0.74%
No I do				
140,1401	not petition the Board of Supervisors to initi	ate special assessm	nent proceedings.	
NO, Tuo	not petition the Board of Supervisors to initi	ate special assessm	ent proceedings.	
	not petition the Board of Supervisors to initi	ate special assessm	4/13/18	
Culi		ate special assessm		
Culu Signature of Own	, fchem		4/13/18	alestate. com

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: ANNAPURNA PROPERTY INVESTME

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3780 073	44 KATE	\$600.37	0.02%
3780 074	44 KATE	\$629.42	0.02%
3780 075	44 KATE	\$601.54	0.02%

Yes, I petition the Board of Supervisors to initiate special assessment proceedings.

No, I do not petition the Board of Supervisors to initiate special assessment proceedings.

of Owner or Authorized Representative

Print Name of Owner or Authorized Representative

0.05%

Totals: \$1,831.33

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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Legal Owner: JE	ANNIE QUAN GANT LVG TR		**************************************	
APN	Parcel Address (if known)	* * *	Parcel Assessment	Parcel %
3780 100	321 LANGTON		\$190.35	0.01%
		Totals:	\$190.35	0.01%
processing .	tition the Board of Supervisors to initiate sp not petition the Board of Supervisors to init			
			4 /	
Signature of Own	er or Authorized Representative	·	Z/28/18	<del>anti du conto de 19</del>
	1			
	NNIE GANT		15215-7146	
Print Name of Ow	vner or Authorized Representative	Represe	ntative Contact Phone or Er	nail

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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IPN	Parcel Address (if known)	Parcel Assessment	Parcel %
780 109	321 LANGTON	\$208.21	0.01%
	·	Totals: \$208.21	0.01%
/	7507 , 2017	A REPORT OF THE	
Yes, I pet	tition the Board of Supervisors to initiate specia	l assessment proceedings.	
22444.30.443		1 / 1 52L C	
No Ido	not petition the Board of Supervisors to initiate		
140,1401	not petition the board of Supervisors to initiate	special assessment proceedings.	
No, ruo i	not petition the board of Supervisors to initiate	special assessment proceedings.	
140,740	not petition the board of Supervisors to initiate	special assessment proceedings.	
()	not petition the board of Supervisors to initiate	ala SIV	
- A	not petition the Board of Supervisors to initiate	a/25/18	
- Q		a/25/18	
- Q	er or Authorized Representative	Date	
Guignature of Own	er or Authorized Representative	a/25/18 Date	A ON ALC ON
Guignature of Own	er or Authorized Representative	a/25/18 Date	J@GMALL.CO'
G ignature of Own	er or Authorized Representative	a/25/18 Date	

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

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Legal Owner: PB\	/ VI LLC NEIL MILLER	11 111 VIII VIII 444 II		, , , , , , , , , , , , , , , , , , , ,
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3781 001A	1045 BRYANT		\$7,527.07	0.20%
		Totals:	\$7,527.07	0.20%
	ition the Board of Supervisors to initiate spenot petition the Board of Supervisors to initi	·		
Signature of Owner	er or Authorized Representative		5~11~18 Date	
	MI UKU ner or Authorized Representative	<b>Mm</b> (	Cly bournees	apsital. com

### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
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Parcel Address (if known)		Parcel Assessment	Parcel %
555 09TH		\$55,273.96	1.46%
	Totals:	\$55,273.96	1.46%
F CP			
H CP		4-11-2018	
	n the Board of Supervisors to initiate spe	Totals: In the Board of Supervisors to initiate special assessment p	555 09TH \$55,273.96  Totals: \$55,273.96  Totals: \$55,273.96  Totals: \$55,273.96  Totals: \$55,273.96

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

### PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ESTABLISH THE

### SoMa West COMMUNITY BENEFIT DISTRICT

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APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3782 001	678 08TH #1201	\$2,451.13	0.06%
		Totals: \$2,451.13	0.06%
		THE CONTRACTOR	
Yes Ine	etition the Board of Supervisors to initiate sp	ecial assessment proceedings.	
Les, The	tition the board of Supervisors to mittate sp	eciai assessinent proceedings.	
Mariate.	and analysis of the Daniel of Commission Andrew		
No, I do	not petition the Board of Supervisors to init	iate special assessment proceedings.	
. 0			
00			
Ka	le xugai	9/24/1	8
Signature of Own	ner or Authorized Representative	Date	
CHAR	ZLES SUGARHAD	(A15) A97	- 3748

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3782 001A	680 08TH	•	\$14,084.68	0.37%
•		Totals:	\$14,084.68	0.37%
	tion the Board of Supervisors to initiate spe ot petition the Board of Supervisors to initia		proceedings.	
		ate special assess	ment proceedings.	
(la)	D	ate special assess	3/19/18	
(LoQ)	r or Authorized Representative	ate special assess		
	Duga )	ate special assess	3/19/18	8

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San Francisco, CA 94141-0805
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Legal Owner: DOLBY PROPERTIES LLC

APN	Parcel Address (if known)		<b>Parcel Assessment</b>	Parcel 9	<u>%</u>
3782 003	999 BRANNAN		\$26,970.54	0.71%	
		Totals:	\$26,970.54	0.71%	_
Yes, I pet	ition the Board of Supervisors to initiate spe	ecial assessment	proceedings.		
No Idon	ot petition the Board of Supervisors to initi	ata spacial assass	mont proceedings		
No, ruo r	or petition the board of Supervisors to mite	ate special assess	ment proceedings.		
Dudl	Day		3/16/2	018	
Signature of Owner	r or Authorized Representative		Date		
DAVID	DOLBY	415	-271-3652	DAVE@DOLBY	VENTURE
	ner or Authorized Representative		entative Contact Phor		COM

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3782 006	680 08TH		\$6,839.24	0.18%
		Totals:	\$6,839.24	0.18%
	ition the Board of Supervisors to initiate spe		_	
	ition the Board of Supervisors to initiate spe		_	
No, I do	not petition the Board of Supervisors to initia		_	
No, I do			ment proceedings.	
No, I do n	not petition the Board of Supervisors to initia		ment proceedings. 3/1名 /1 色	3

#### PLEASE RETURN BY APRIL 20, 2018 TO:

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Legal Owner: AR	CHSTONE CONCOURSE LLC			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3783 001	801 BRANNAN		\$92,969.82	2.44%
		Totals:	\$92,969.82	2.44%
Yes, I per	tition the Board of Supervisors to initiate sp	ecial assessment	proceedings.	
No, I do	not petition the Board of Supervisors to init	iate special assess	ment proceedings.	
. 1	0 1		1 1	1.1
	of characteristics		10/1/18	
Signature of Own	er or Authorized Representative	<u> </u>	Date	
Signatule of Own	er of Additionized reproductive		T Dute	
Tour	E. HWER		THYSER CEAR, O	OW
ted on an over their Minimum	The state of the s	-		
Print Name of Ow	ner or Authorized Representative	Represe	intative Contact Phone or En	naii

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

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Legal Owner: BPP	TOWNSEND LLC EQUITY OF	/LEGAL DEPT	
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3783 007	650 7TH	\$17,004.72	0.45%
		Totals: \$17,004.72	0.45%
=		ciate special assessment proceedings.	
V. Ha		6.4.18	
Signature of Owne	r or Authorized Representative	Date	
W. Alan	Walker	415 \$ 983 80	09

#### PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

### PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ESTABLISH THE

### SoMa West COMMUNITY BENEFIT DISTRICT

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Legal Owner: BIG	DOG HOLDINGS LLC ZYNGA INC		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3783 009	699 08TH	\$122,514.48	3.24%
		Totals: \$122,514.48	3.24%
No, I do	not petition the Board of Supervisors to initiate spe	cial assessment proceedings.	
XX.	1/5	3/16/18	
Signature of Own	er or Authorized Representative	Date	
Rick Kla	used As Aventor Onne	415-487-40	10

#### PLEASE RETURN BY APRIL 20, 2018 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

SoMa West CBD P.O. BOX 410805 San Francisco, CA 94141-0805 Email: aaron@urbanplaceconsulting.com

- 1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "SoMa West Community Benefit District" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the SoMa West CBD\* (hereafter "Plan").
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Legal Owner: ARE-SAN FRANCISCO NO 47 LLCALEXANDRIA	REAL ESTATE EQUI	
APN Parcel Address (if known)	Parcel Assessment	Parcel %
3784 007 520 TOWNSEND	\$11,544.60	0.31%
	Totals: \$11,544.60	0.31%
Yes, I petition the Board of Supervisors to initiate sp  No, I do not petition the Board of Supervisors to init		
// ()	3/23/18	
Signature of Owner or Authorized Representative	Date	
Hong Leahey	415.554.8844	
Print Name of Owner or Authorized Representative	Representative Contact Phone or En	nail

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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Legal Owner: MA	ARK C RAGGO TRUST RAGGIO MARK C			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3784 010	643 07TH		\$1,845.23	0.05%
		Totals:	\$1,845.23	0.05%
Yes, I pe	tition the Board of Supervisors to initiate spec	ial assessment	proceedings.	
	not petition the Board of Supervisors to initia			
Ah	Cle 5		3/20/18	
Signature of Own	er or Authorized Representative		/ Date /	*
MARK C.	PAGG-10 vner or Authorized Representative			
Print Name of Ow	vner or Authorized Representative	Represe	entative Contact Phone or En	nail

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Legal Owner: 615	SEVENTH STREET LTD			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3784 014	615 07TH	*	\$3,224.13	0.09%
		Totals:	\$3,224.13	0.09%
	tion the Board of Supervisors to init ot petition the Board of Supervisors			
Hanli	MH00 casin	_ Z1	March 2018	· · · · · · · · · · · · · · · · · · ·
Signature of Owne	r or Authorized Representative		Date	

PLEASE RETURN BY APRIL 20, 2018 TO:

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ADM	D1 A 14 ((51)	61.81	No. 25 de recessos	D10/
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3784 014	615 07TH	я	\$3,224.13	0.09%
	n 9		62.224.42	0.000
		Totals:	\$3,224.13	0.09%
	ition the Board of Supervisors to initiate spents to the Board of Supervisors to initiate.			
			3 X	
Handl Signature of Owner	M Hoogsein er or Authorized Representative	21	March 2018	<b>&gt;</b>
HAROW	M. Hoogasian		415-559-0059	
	ner or Authorized Representative	Represe	entative Contact Phone or Em	ail hoogasian.co

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Legal Owner: NAN	CY DUDUM 2000 REVOC TRUSNANCY DUDU	M TRUSTEE			
APN	Parcel Address (if known)		Parcel Asse	ssment	Parcel %
3784 023A	134 GILBERT		\$709.78	2	0.02%
*	134-136 Gille	rt			
		Totals:	\$709.78		0.02%
.—n	es pludum		3-1	8-18	
The same of the sa	et Wildum		1	0 10	
Signature of Owner					
	or Authorized Representative		Da	te	

Print Name of Owner or Authorized Representative

Representative Contact Phone or Email

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Legal Owner: LCL	GLOBAL-777 BRANNAN STREET, LLC	E .	(K)
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3784 032	769 BRANNAN	\$5,845.37	0.15%
		Totals: \$5,845.37	0.15%
	ition the Board of Supervisors to initiate spont		
Cm	M. V-	5/8/2018	,
Signature of Owne	er or Authorized Representative	Date	
Craig M. Your	ng	(415) 407-8467	
Print Name of Ow	ner or Authorized Representative	Representative Contact Phone or En	nail

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APN Pa	arcel Address (if known)		Parcel Assessment	Parcel %
3784 080 V0 0.11%	DOD TOWNSEND		\$4,259.35	
		Totals: \$	64,259.35	0.11%
√ Yes, I petition the Bo	oard of Supervisors to initiate spec	ial assessment pro	oceedings.	
No, I do not petition	the Board of Supervisors to initial	te special assessm	ent proceedings.	
My		3	123 18	
Signature of Owner or Autho	rized Representative		Date	
Hong Lethey		415	.554.8844	

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Local Owners TTH & TOWNSEND LLC

APN	Parcel Address (if known)	Parcel Assess	ment	Parcel %
3784 088	685 07TH	\$13,070.85		0.35%
3784 087	683 V07TH	\$1,648.11		0.04%
		Totals: \$14,718.96		0.39%
Promoted and the same of the s	tition the Board of Supervisors to initiate spents not petition the Board of Supervisors to initiate.		ings.	
- No, I do			8	
No, I do	not petition the Board of Supervisors to initia	ate special assessment proceedi	8	Com, 323,363, 2

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Legal Owner: BIL	L WILLIAMS 2014 REVOCABLWILLIAMS WI	LLIAM HUGH TRU	ST	
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3784 097	5000 LUCERNE	7	\$244.56 -	0.01%
		Totals:	\$244.56	0.01%
Muse	7-10		3/15/18	
Signature of Own	er or Authorized Representative		Date	
3-1	£ 1. 11/11/2		1.15	600
Nichite	ut luilletus		415-756	-5/30

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Print Name of Owner or Authorized Representative

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Legal Owner: BII	LL WILLIAMS 2014 REVOCABLWILLIAMS WI	ILLIAM HUGH TRU	IST	
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3784 097	5000 LUCERNE		\$244.56	0.01%
		Totals:	\$244.56	0.01%
Yes I ne	tition the Board of Supervisors to initiate sp	necial assessment	proceedings	
processing .				
No, I do	not petition the Board of Supervisors to init	tiate special asses	sment proceedings.	
1 /	. 14.		, ,	
Mult	1-10		2/16/18	
Signature of Own	er or Authorized Representative	-	Date	
	white the Miller of the		1.10	C722
Nicht	ut willow	Thomas lares	415-156	-5/50

PLEASE RETURN BY APRIL 20, 2018 TO:

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Print Name of Owner or Authorized Representative

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APN	Parcel Address (if known)		Parcel Assessment		Parcel %
3784 118	1610 GILBERT		\$218.35	0.01%	
		Totals:	\$218.35	0.01%	
Vas I pot	tition the Board of Supervisors to initiate spe	rial assessment	proceedings		
165, 1 pc	ition the board of supervisors to mittate spe	ciai assessificite			
	not petition the Board of Supervisors to initia				
				1/18	
No, I do	not petition the Board of Supervisors to initia		ment proceedings.	1/18	
No, I do		ite special assess		1/18	

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Print Name of Owner or Authorized Representative

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
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### PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ESTABLISH THE

### SoMa West COMMUNITY BENEFIT DISTRICT

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APN	Parcel Address (if known)		Parcel Assessment		Parcel %
3784 122	1610 GILBERT		\$204.93	0.01%	
		Totals:	\$204.93	0.01%	
Yes, I pet	ition the Board of Supervisors to initiate s	special assessment	proceedings.		
. do) i pat					
-					
No, I do r	not petition the Board of Supervisors to in	itiate special assess	sment proceedings.		
No, I do r	not petition the Board of Supervisors to in	itiate special assess	sment proceedings.		
				2017	
Carlos	S SUMES er or Authorized Representative		ment proceedings.	1017	

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APN Parcel Address (if known	Parcel Assessment Pa
3784 133 1250 GILBERT	\$338.09 0.0
	Totals: \$338.09 0.0
Yes, I petition the Board of Supervisors to in	itiate special assessment proceedings.
No. I do not petition the Board of Supervisor	rs to initiate special assessment proceedings.
No, I do not petition the Board of Superviso	rs to initiate special assessment proceedings.
No, I do not petition the Board of Supervisor	
No, I do not petition the Board of Supervisor	rs to initiate special assessment proceedings. $9/25/2018$
Hy Zhy	
Hy Zhy	9/25/2018 Date
No, I do not petition the Board of Supervisor  Signature of Owner or Authorized Representative  HUAQING ZHENG	9/25/2018

PLEASE RETURN TO:

SoMa West CBD P.O. BOX 410805

San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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- 2. We are or represent the persons and/or entities that would be obligated to pay the special assessments for the services, improvements and activities as described in the Plan. If the proposed District is established by the Board of Supervisors following the ballot election and public hearing, assessments would be collected for the first 15 years (July 1, 2018 June 30, 2033). Expenditure of those collected assessments for up to 6 months after the end of the assessment collection period (December 31, 2033), at which point the District would terminate if not renewed.
- 3. We petition the Board of Supervisors to initiate special assessment district proceedings in accordance with applicable state and local laws (California Streets and Highways Code Sections 36600 et sq. "Property and Business Improvement District Law of 1994" as augmented by the City and County of San Francisco Business and Tax Regulation Code Article 15 "Business Improvement District Procedure Code").
- **4.** We understand that upon receipt of this petition signed by property owners (or authorized representative of property owners) who will pay more than thirty percent (30%) of the proposed assessments, the Board of Supervisors may initiate proceedings to renew and expand the District. These proceedings will include balloting of property owners under which majority of weighted property owners who return a ballot may authorize the Board of Supervisors to renew and expand the District. This petition does not represent a final decision.

Legal Owner: PRASAD ANKIT				
APN	Parcel Address (if known)	·	Parcel Assessment	Parcel %
3784 142'	1250 GILBERT		\$261.74	0.01%
		Totals:	\$261.74	0.01%
	tition the Board of Supervisors to initiate sp not petition the Board of Supervisors to init			
AL	Paul		3/27 /2018	
	er or Authorized Representative	<del></del>	Date	
ANKIT	PRASAD	,	Mail C Ankit prasa entative Contact Phone or Er	L. Com
	mer or Authorized Representative	Represe	entative Contact Phone or Er	mail

#### PLEASE RETURN BY APRIL 20, 2018 TO:

SoMa West CBD
P.O. BOX 410805
San Francisco, CA 94141-0805
Email: aaron@urbanplaceconsulting.com

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APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3784 145	111 GILBERT		\$379.00	0.01%
		Totals:	\$379.00	0.01%
Yes, I pet	ition the Board of Supervisors to initiate sp	ecial assessment p	roceedings.	
No, I do	not petition the Board of Supervisors to init	iate special assessr	ment proceedings.	
		K	Tanh - 19.20	18
	er of Suthorized Representative	/	Date	
Bhwa	n Suhney		915 608.2337	
	ner or Authorized Representative	Represer	ntative Contact Phone or Er	nail

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Legal Owner: 10	SEPH/PALLIVATHUCAL 2013 TCATHERINE JO	JSEPH IRUSTEE	
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3784 146	5 LUCERNE	\$358.39	0.01%
		Totals: \$358.39	0.01%
	not petition the Board of Supervisors to initiate sp		
E	mm	10/1/18	
Signature of Own	ner or Authorized Representative	Date	
Jose	DV THOMAS.	510 456 598	1
Print Name of Ov	wner or Authorized Representative	Representative Contact Phone or E	mail

PLEASE RETURN TO:

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### SoMa West COMMUNITY BENEFIT DISTRICT

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Legal Owner: Do	DAN-HUY NAM-GIAO				
APN	Parcel Address (if known)		Parcel Assessmen	t Parce	el %
3784 155	25 LUCERNE		\$359.70	0.01%	*
		Totals:	\$359.70	0.01%	
principal de la constanta de l	etition the Board of Supervisors to initiate spenns not petition the Board of Supervisors to initiate				
Signature of Own	ner or Authorized Representative		3/27/18	Ś	-
NAM-C	IAO DOAN - Huy		.15) 637		_

### PLEASE RETURN BY APRIL 20, 2018 TO:

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P.O. BOX 410805
San Francisco, CA 94141-0805
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Legal Owner, CARY C & VICTORIA E COUEN I

APN	Parcel Address (if known)		Parcel Assessmen	t Parcel %	
3784 162	45 LUCERNE		\$354.35	0.01%	
		Totals:	\$354.35	0.01%	
Yes, I per	tition the Board of Supervisors to initiate spe	ecial assessment	proceedings.		
	not petition the Board of Supervisors to initi				
				18	
No, I do				18	
No, I do	not petition the Board of Supervisors to initi	ate special assess	ment proceedings.	1 COMMERCIAL.	

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Legal Owner: DELUNE JEROME & TANIA	
APN Parcel Address (if known)	Parcel Assessment Parcel %
3784 163 4500 LUCERNE	\$359.83 0.01%
	Totals: \$359.83 0.01%
Yes, I petition the Board of Supervisors to initi  No, I do not petition the Board of Supervisors	
	3/18/2018.
Signature of Owner or Authorized Representative	Date
JEROME DELUNE	JDELUNE @ HOTHAIL. COM.
Print Name of Owner or Authorized Representative	Representative Contact Phone or Email

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P.O. BOX 410805
San Francisco, CA 94141-0805
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