

**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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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: BARBAR SAM REVOCABLE TRUST**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3726 072	562 NATOMA	\$360.21	0.01%
<i>VACANT LOT</i>			
		<b>Totals: \$360.21</b>	<b>0.01%</b>

☐ 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

*3.14.2018*  
Date

*SAM BARBAR TRUST*  
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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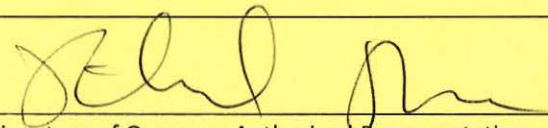
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**Legal Owner: MAC RICHARD H**

<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3726 126	195 07TH	\$62.69	0.00%
<b>Totals: \$62.69</b>			<b>0.00%</b>

- ☐ 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

4/1/18  
Date

Richard Mac  
Print Name of Owner or Authorized Representative

rich.m1000@yahoo.com  
Representative Contact 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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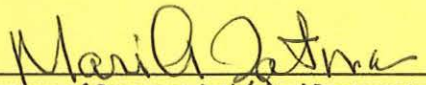
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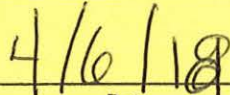
Legal Owner: ZATMAN MARI

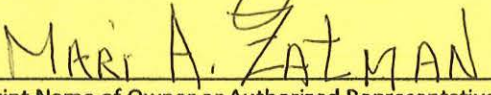
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3726 149	195 07TH	\$65.95	0.00%
3730 125	3 SUMNER	\$273.59	0.01%
		Totals: \$339.54	0.01%

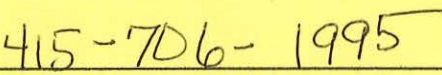
☐ Yes, I petition the Board of Supervisors to initiate special assessment proceedings.

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

  
Signature of Owner or Authorized Representative

  
Date

  
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: LORI R HIGA REVOC LIVING TR LORI R HIGA TRUSTEE**

<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3726 165	563 MINNA	\$197.40	0.01%
<b>Totals: \$197.40</b>			<b>0.01%</b>

☐ 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

3/22/18  
Date

LORI HIGA, trustee  
Print Name of Owner or Authorized Representative

informationmistress@yahoo.com  
Representative Contact Phone or Email

415-912-0882

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

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L. Higa  
563 Minna St. suite 3  
San Francisco, CA 94103  
Via email

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

Attn: Aaron Aulenta at [aaron@urbanplaceconsulting.com](mailto:aaron@urbanplaceconsulting.com)

I am writing to register my opposition to the creation of the SoMa West Community Benefit District due to its blithe failure to address and decision to ignore issues of economic inequality and lack of equity.

I am a low-income senior and a person of color. I have been a resident of San Francisco and a homeowner for nearly 30 years; in SoMa for 16 years. I have also been an officer of my homeowners association for 16 years.\*

I do not think "taxing" or treating homeowners like an ATM machine whenever City Hall can't figure out how to solve a problem is the right way. Nor will a nonprofit CBD extorting money from property owners solve the socio-economic issues driving homelessness, intravenous drug use, crime, unsafe and filthy streets.

As a low-income senior I protest the unfairness of forced payment of hundreds of extra dollars a year to pay for redundant services proposed by the SoMa CBD. I have been paying and continue to pay thousands of extra dollars annually in property tax assessments for the past 27 years for SFUSD, teacher salaries, City College of San Francisco, etc. etc. I do not have children so I am not a high utilizer of school district and community college services.

I have seen the quality of life decline precipitously over the decades in SoMa. The city already spends hundreds of millions of dollars of taxpayer money on the homeless; sidewalk, gutter cleaning & sweeping; graffiti & trash removal (I as a property owner already pay for these services out of my own pocket); landscaping; public art and enhanced bike, car and foot patrols.

Sad to say, the public art, street improvements and open spaces created by the City in my SoMa neighborhood often cause more problems than they solve and do nothing to enhance quality of life. In fact they've had the opposite effect. They attract homeless campers, street people, drug addicts who defecate, urinate and leave colossal mounds of trash behind, while degrading property values and marring the peace, quiet & well-being that residents are entitled to.

Nowhere in the CBD marketing and promotional literature have I seen any mention of pro-rated assessments based on income or ability to pay. If the CBD would enact a tiered approach to collecting assessments, I might consider supporting it. Until such time as a more equitable method of extracting money from residents of SoMa for redundant services is put forth, I actively oppose the creation of the CBD.

Sincerely,



Lori Higa, vice president & fmr treasurer  
563 Minna Homeowners Assn.

\*My opinions are my own and do not represent those of 563 Minna HOA.



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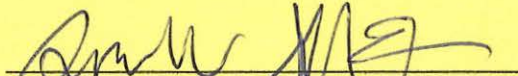
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Legal Owner: **STEIL VAL PEREIRA**      **AMANDA M**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3727 038	623 NATOMA	\$700.46	0.02%
<b>Totals: \$700.46</b>			<b>0.02%</b>

☐ 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

03/22/2018  
Date

Amanda Steil  
Print Name of Owner or Authorized Representative

415-712-9689  
Representative Contact Phone or Email

Val Steil  
  
VAL STEIL

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

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

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**Legal Owner: COURTHOUSE VENTURES INC**

<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3727 043	612 NATOMA	\$593.45	0.02%
		<b>Totals: \$593.45</b>	<b>0.02%</b>

☐ 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.

*Faerzeh Ricci*  
Signature of Owner or Authorized Representative

4/4/18  
Date

Faerzeh Ricci  
Print Name of Owner or Authorized Representative

415-250-5044  
Representative Contact 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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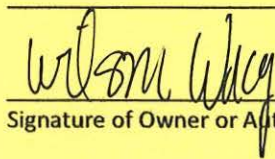
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Legal Owner: **SAM WAI HONG WONG TR    SAM WAI HONG WONG**

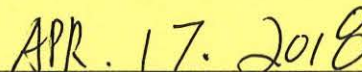
<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3727 163	180 07TH	\$222.94	0.01%
<b>Totals: \$222.94</b>			<b>0.01%</b>

☐ 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



Date

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](mailto:aaron@urbanplaceconsulting.com)

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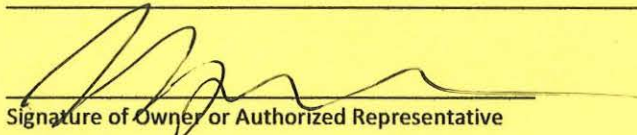
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Legal Owner: BUZZ PROPERTIES LLC     MATTHEW J BUZZELL III

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3728 002	120 08TH	\$4,263.88	0.11%
<b>Totals: \$4,263.88</b>			<b>0.11%</b>

☐ 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

3/21/2018  
Date

Matthew Buzzell  
Print Name of Owner or Authorized Representative

650-245-7301  
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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*Comment: This is another property and San Francisco tax on business. Taxes should cover these expenses, currently. Adding more staff will not help.*



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**Legal Owner: KWONG MICHAEL H F & CHOY SU**

<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3728 011	1220 HOWARD	\$1,581.16	0.04%
<b>Totals: \$1,581.16</b>			<b>0.04%</b>

☐ 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

3-19-18  
Date

  
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

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](mailto: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.

**Legal Owner: Rockwell Cismowski Family Livi**

<u>APN</u>	<u>Parcel Address (if known)</u>	<u>Parcel Assessment</u>	<u>Parcel %</u>
3728 099	7410 NATOMA	\$245.84	0.01%
<b>Totals: \$245.84</b>			<b>0.01%</b>

☐ 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

3/30/18  
Date

John Steven Rockwell  
Print Name of Owner or Authorized Representative

(415) 553-8680  
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: DADDARIO DEREK**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3728 144	1234 HOWARD	\$144.98	0.00%
		<b>Totals: \$144.98</b>	<b>0.00%</b>

☐ 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.

Derek D'Addario  
Signature of Owner or Authorized Representative

3/19/18  
Date

Derek D'Addario  
Print Name of Owner or Authorized Representative

daddario-derek@gmail.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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**PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS**  
**TO ESTABLISH THE**  
**SoMa West COMMUNITY BENEFIT DISTRICT**

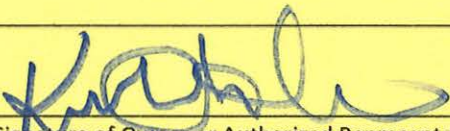
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Legal Owner: HANAOKA KRISTIN

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3728 172	121 09TH	\$139.95	0.00%
<b>Totals:</b>			<b>\$139.95</b>
			<b>0.00%</b>

☐ 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

2/23/2018  
Date

Kristin Hanacka  
Print Name of Owner or Authorized Representative

7205306858  
Representative Contact Phone 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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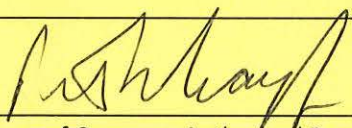
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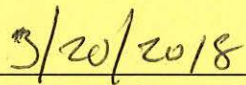
**Legal Owner: LRS SOMA INVESTMENT GROUP L**

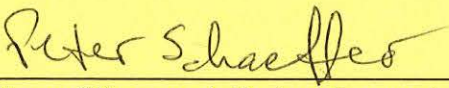
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3729 017	1264 FOLSOM	\$1,450.66	0.04%
Totals: \$1,450.66			0.04%

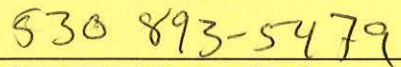
☐ Yes, I petition the Board of Supervisors to initiate special assessment proceedings.

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

  
\_\_\_\_\_  
Signature of Owner or Authorized Representative

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
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](mailto:aaron@urbanplaceconsulting.com)

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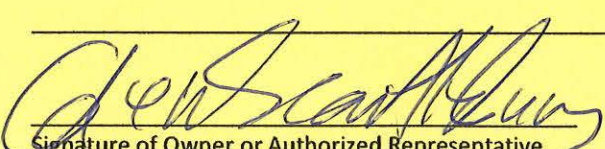
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**Legal Owner: SCANTLEBURY GLEN & PHILLIPS**

<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3729 022	1286 FOLSOM	\$724.85	0.02%
<b>Totals: \$724.85</b>			<b>0.02%</b>

☐ 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

3/23/2018  
Date

Glen Scantlebury  
Print Name of Owner or Authorized Representative

323-819-0896  
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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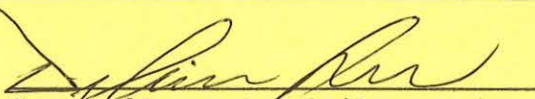
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Legal Owner: **BILL & WING INVESTMENTS LLC WILLIAM CHAN**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3729 023	279 09TH	\$2,199.84	0.06%
<b>Totals: \$2,199.84</b>			<b>0.06%</b>

☐ 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

3-27-2018  
Date

WILLIAM CHAN  
Print Name of Owner or Authorized Representative

415-531-8118  
Representative Contact Phone 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: **CRUZ 4 LLC**                      **KARNA GOTTDENER**

<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3729 054	776 CLEMENTINA	\$847.94	0.02%
		<b>Totals: \$847.94</b>	<b>0.02%</b>

☐ 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.

Karna Gottdener  
Signature of Owner or Authorized Representative

MARCH 14, 2018  
Date

KARNA GOTTDENER  
Print Name of Owner or Authorized Representative

310-874-3232  
Representative Contact Phone or Email

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

SoMa West CBD  
P.O. BOX 410805  
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**Legal Owner: JOHN T & JOAN C OROURKE LVGJOAN O'ROURKE**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3730 026	1182 FOLSOM	\$1,793.16	0.05%
3729 024	271 09TH	\$4,370.31	0.12%
3756 037	1265 FOLSOM	\$2,867.05	0.08%
3756 028	70 RINGOLD	\$603.88	0.02%
<b>Totals: \$9,634.40</b>			<b>0.26%</b>

☐ 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.

John T. O'Rourke + Joan C. O'Rourke  
Signature of Owner or Authorized Representative **TTES**

5-1-18  
Date

John T. + Joan C. O'Rourke  
Print Name of Owner or Authorized Representative  
Trustees for the John T. or Joan C.  
Living Trust

650-961-5064  
Representative Contact Phone or Email

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**Legal Owner: J D AW REVOCABLE TRUST    TEPPER JESSE TRUSTEE**

<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3730 041	6 SUMNER	\$599.10	0.02%
<b>Totals: \$599.10</b>			<b>0.02%</b>

☐ 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.

Jesse Teppar, trustee JDAW trust  
Signature of Owner or Authorized Representative

4/2/18  
Date

Jesse Teppar  
Print Name of Owner or Authorized Representative

JesseTepLL@aol.com  
Representative Contact Phone or Email

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Legal Owner: KIELY PHILIP

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3730 096	34 VLANGTON	\$441.91	0.01%
3730 095	30 LANGTON	\$604.14	0.02%
Totals: \$1,046.05			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.

Philip A. Kiely  
Signature of Owner or Authorized Representative

March 25, 18.  
Date

\_\_\_\_\_  
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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**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: **AYOOB FAMILY LVG TR**      %**AYOOB WILLIAM P & ANNETTE**

<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3730 108	73 LANGTON	\$889.80	0.02%
<b>Totals: \$889.80</b>			<b>0.02%</b>



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.

William Ayoub  
Signature of Owner or Authorized Representative

3-12-18  
Date

William Ayoub  
Print Name of Owner or Authorized Representative

650-759-5093  
Representative Contact Phone or Email

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

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*I am already paying taxes to the City for these services. It will be a double property Tax*



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**TO ESTABLISH THE**  
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**Legal Owner: DONALD W MACDONALD 2015 FMLDONALD W MACDONALD**

<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3730 124	1 SUMNER	\$273.59	0.01%
3730 126	5 SUMNER	\$205.68	0.01%
3755 141	41 HALLAM	\$219.36	0.01%
3755 142	43 HALLAM	\$214.54	0.01%
3755 144	61 HALLAM	\$217.63	0.01%
<b>Totals: \$1,130.79</b>			<b>0.03%</b>

☐ 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

MAR 21/18  
Date

**DONALD MACDONALD**  
Print Name of Owner or Authorized Representative

415 626 9100  
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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**TO ESTABLISH THE**  
**SoMa West COMMUNITY BENEFIT DISTRICT**


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**Legal Owner: POWER OF APPOINTMENT TRUST MANJUBEN M PATEL TRUSTEE**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3753 145	915 FOLSOM	\$3,053.59	0.08%
<b>Totals: \$3,053.59</b>			<b>0.08%</b>

☐ 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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
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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**SoMa West COMMUNITY BENEFIT DISTRICT**

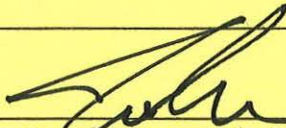
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**Legal Owner: JOHN PAUL SCOTT 2012 TRUST JOHN PAUL SCOTT TRUSTEE**

<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3730 166	73 SUMNER	\$206.54	0.01%
<b>Totals: \$206.54</b>			<b>0.01%</b>

☐ 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

APRIL 6, 2018  
\_\_\_\_\_  
Date

JOHN PAUL SCOTT  
\_\_\_\_\_  
Print Name of Owner or Authorized Representative

JPS@SCOTT1920@GMAIL.COM  
\_\_\_\_\_  
Representative Contact Phone or Email  
*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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**PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS**  
**TO ESTABLISH THE**  
**SoMa West COMMUNITY BENEFIT DISTRICT**

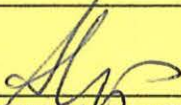
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Legal Owner: JOHN W DUNLAP REVOC LVG TR

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3730 167	73 SUMNER	\$281.73	0.01%
<b>Totals: \$281.73</b>			<b>0.01%</b>

☐ 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

4/14/18  
\_\_\_\_\_  
Date

John Dunlap  
\_\_\_\_\_  
Print Name of Owner or Authorized Representative

\_\_\_\_\_  
Representative Contact 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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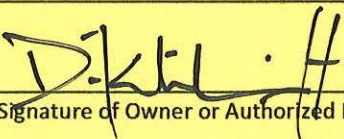
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Legal Owner: KLEINSCHMIDT DAVID

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3730 215	60 RAUSCH	\$202.73	0.01%
Totals: \$202.73			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

3-15-18  
Date

David Kleinschmidt  
Print Name of Owner or Authorized Representative

david.kleinschmidt@gmail.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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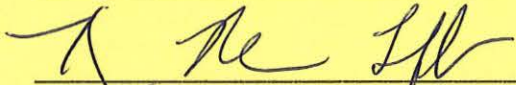
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Legal Owner: **LEFFERS TRUST**      **MATHEW P LEFFERS**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3731 069	23 MOSS	\$679.06	0.02%
3731 053	62 MOSS	\$924.72	0.02%
<b>Totals: \$1,603.79</b>			<b>0.04%</b>

☐ 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

3/24/2018  
Date

Kristy Leffers  
Print Name of Owner or Authorized Representative

Kristy@mlleffers.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](mailto:aaron@urbanplaceconsulting.com)

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**Legal Owner: CBE INVESTMENTS LLC**

<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3731 093	151 RUSS	\$1,017.77	0.03%
<b>Totals: \$1,017.77</b>			<b>0.03%</b>

☐ 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

Cheryl Breetwar-Evans

Print Name of Owner or Authorized Representative

3/14/2018

Date

evansconco@aol.com

cbreetwar@sbcglobal.net

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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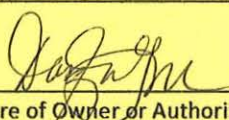
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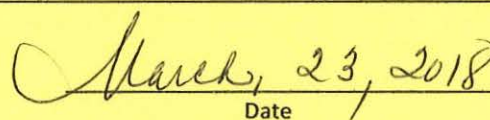
Legal Owner: LEE DAISY

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3731 127	14 MOSS	\$790.58	0.02%
<b>Totals: \$790.58</b>			<b>0.02%</b>

☐ 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

  
\_\_\_\_\_  
Date

DAISY LEE  
\_\_\_\_\_  
Print Name of Owner or Authorized Representative

N/A  
\_\_\_\_\_  
Representative Contact Phone or Email

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P.O. BOX 410805  
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**PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS**  
**TO ESTABLISH THE**  
**SoMa West COMMUNITY BENEFIT DISTRICT**

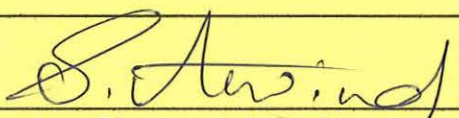
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Legal Owner: **SANKARAN ARVIND**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3731 177	1026 FOLSOM	\$224.31	0.01%
<b>Totals: \$224.31</b>			<b>0.01%</b>

☐ 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

03/24/2018  
Date

Arvind Sankaran  
Print Name of Owner or Authorized Representative

217-766-5825  
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](mailto:aaron@urbanplaceconsulting.com)

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**TO ESTABLISH THE**  
**SoMa West COMMUNITY BENEFIT DISTRICT**

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Legal Owner: DOMENECH GABRIEL

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3731 187	68 HARRIET	\$173.59	0.00%
		<b>Totals: \$173.59</b>	<b>0.00%</b>

☐ 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.

*Gabriel Domenech*  
Signature of Owner or Authorized Representative

March 22, 2017  
Date

Gabriel Domenech  
Print Name of Owner or Authorized Representative

415-864-2376  
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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**TO ESTABLISH THE**  
**SoMa West COMMUNITY BENEFIT DISTRICT**

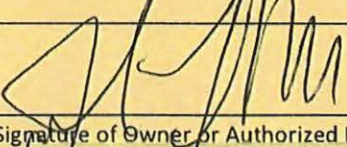
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**Legal Owner: CWIKLA-LEVINSON 2014 TRUST JOHN CWIKLA & MARGERY LEVIN**

<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3760 137	712 BRYANT	\$480.24	0.01%
		<b>Totals: \$480.24</b>	<b>0.01%</b>

☐ 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

9/24/2018  
\_\_\_\_\_  
Date

JOHN CWIKLA  
\_\_\_\_\_  
Print Name of Owner or Authorized Representative

SAPARI@CWIKLA.COM  
\_\_\_\_\_  
Representative Contact Phone or Email

**PLEASE RETURN TO:**  
SoMa West CBD  
P.O. BOX 410805  
San Francisco, CA 94141-0805  
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**TO ESTABLISH THE**  
**SoMa West COMMUNITY BENEFIT DISTRICT**

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Legal Owner: **MICHAEL & CAROLE A CUTONE F**

<u>APN</u>	<u>Parcel Address (if known)</u>	<u>Parcel Assessment</u>	<u>Parcel %</u>
3760 128	451 06TH	\$2,683.79	0.07%
<b>Totals: \$2,683.79</b>			<b>0.07%</b>

☐ 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.

Michael Cutone  
Signature of Owner or Authorized Representative

9-24-18  
Date

MICHAEL CUTONE  
Print Name of Owner or Authorized Representative

BLEUMAX@PROPIETY.NET  
Representative Contact Phone or Email

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

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TO ESTABLISH THE  
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**Legal Owner: MICHAEL F RUDMAN 2010 TRUST MICHAEL F RUDMAN TRUSTEE**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3525 035	215 DORE	\$657.97	0.02%
<b>Totals: \$657.97</b>			<b>0.02%</b>

☐ 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Owner or Authorized Representative

\_\_\_\_\_  
Representative Contact Phone or Email

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Legal Owner: **LARSEN SALLY**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3517 020	75 KISSLING	\$586.58	0.02%
<b>Totals: \$586.58</b>			<b>0.02%</b>

☐ 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

9-23-2018  
Date

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](mailto:aaron@urbanplaceconsulting.com)

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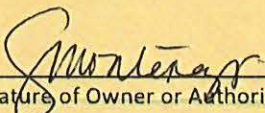
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Legal Owner: **KHIMANI ANISH**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3756 005	393 09TH	\$1,085.56	0.03%
Totals: \$1,085.56			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.

  
Signature of Owner or Authorized Representative

09/25/2018  
Date

GIRLIE MONTENEGRO  
Print Name of Owner or Authorized Representative

ACCOUNTING@PACIFICBEACHHOTEL.COM  
Representative Contact Phone or Email

PLEASE RETURN TO:  
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P.O. BOX 410805  
San Francisco, CA 94141-0805  
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**Legal Owner: NINTH STREET LODGING LLC % ANISH KHIMANI**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3756 006	385 09TH	\$1,655.47	0.04%
<b>Totals: \$1,655.47</b>			<b>0.04%</b>

☐ 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

09/25/2018  
\_\_\_\_\_  
Date

GIRLIE MONTENEGRO  
\_\_\_\_\_  
Print Name of Owner or Authorized Representative

ACCOUNTING@PACIFICBEACHHOTEL.COM  
\_\_\_\_\_  
Representative Contact Phone or Email

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Legal Owner: DODSON THOMAS ANDREW

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3727 174	638 MINNA	\$252.40	0.01%
		<b>Totals: \$252.40</b>	<b>0.01%</b>

☐ 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.

The city should do its job. I want to know what "non-profit" <sup>margin</sup> is profiting from these CBDs

Signature of Owner or Authorized Representative \_\_\_\_\_ Date 9/20/2018

Thomas Dodson  
Print Name of Owner or Authorized Representative

Representative Contact Phone or Email \_\_\_\_\_

LOL

**PLEASE RETURN TO:**  
SoMa West CBD  
P.O. BOX 410805  
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Someone else making money off the city's failure to do its job!



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Legal Owner: **PIERMARINI DONALD**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3779 102	324 HARRIET	\$709.98	0.02%
<b>Totals: \$709.98</b>			<b>0.02%</b>

☐ 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

Date

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](mailto:aaron@urbanplaceconsulting.com)

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**SoMa West COMMUNITY BENEFIT DISTRICT**

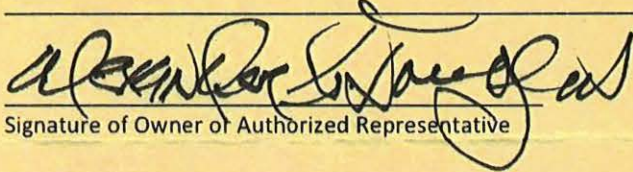
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Legal Owner: DOUGLAS ALEXANDER PATRICK&P

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3784 054	424 HARRIET	\$2,417.33	0.06%
Totals: \$2,417.33			0.06%

☐ 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

9/26/18

Date

Alexander P. Douglas

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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**PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS**  
**TO ESTABLISH THE**  
**SoMa West COMMUNITY BENEFIT DISTRICT**

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Legal Owner: **ROBINSON JAMES M**

APN	Parcel Address(if known)	Parcel Assessment	Parcel %
3731 173	1026 FOLSOM	\$191.73	0.01%
<b>Totals: \$191.73</b>			<b>0.01 %</b>

☐ 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.

James Robinson  
Signature of Owner or Authorized Representative

9-24-2018  
Date

James Robinson  
Print Name of Owner or Authorized Representative

JEANJGF@gmail.com  
Representative Contact Phone or Email

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

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Legal Owner: **GORMAN MARK T**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3730 211	60 RAUSCH	\$284.30	0.01%
Totals: \$284.30			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.

*USE THE TAX \$\$\$ I ALREADY PAY !!!*

*Mark Gorman*  
\_\_\_\_\_  
Signature of Owner or Authorized Representative

*9-25-18*  
\_\_\_\_\_  
Date

*Mark Gorman*  
\_\_\_\_\_  
Print Name of Owner or Authorized Representative

\_\_\_\_\_  
Representative Contact Phone or Email

**PLEASE RETURN TO:**  
SoMa West CBD  
P.O. BOX 410805  
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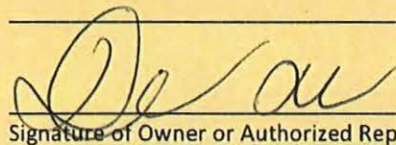
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Legal Owner: ADL LLC

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3731 224	75 MOSS	\$188.20	0.00%
Totals: \$188.20			0.00%

☐ 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

9.25.18  
Date

Dedra Owen  
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](mailto:aaron@urbanplaceconsulting.com)

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**Legal Owner: MAHMOUD LARIZADEH REVOC LVGLARIZADEH MAHMOUD TRUSTEE**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3522 053	56 ISIS	\$636.90	0.02%
3522 054	70 13TH	\$1,540.72	0.04%
Totals: \$2,177.62			0.06%

☐ 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.

*NO WAY I PAY MORE PROPERTY TAX IT IS ENOUGH*

  
Signature of Owner or Authorized Representative

*9/24/18*  
Date

*MAHMOUD LARIZADEH*  
Print Name of Owner or Authorized Representative

*415-515-4837*  
Representative Contact Phone or Email

PLEASE RETURN TO:  
SoMa West CBD  
P.O. BOX 410805  
San Francisco, CA 94141-0805  
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**PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS**  
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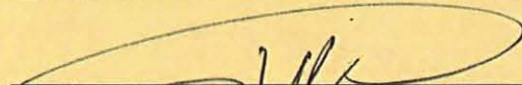
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Legal Owner: MAHMOUD LARIZADEH REVOC LVG

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3518 018	255 10TH	\$4,525.80	0.12%
Totals: \$4,525.80			0.12%

☐ 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

9/24/18  
Date

MAHMOUD LARIZADEH  
Print Name of Owner or Authorized Representative

415-515-4837  
Representative Contact Phone or Email

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**Legal Owner: THOMAS A BARTH REVOC TRUST**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3726 087	573 MINNA	\$384.03	0.01%
<b>Totals: \$384.03</b>			<b>0.01%</b>

☐ 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

9/24/18  
\_\_\_\_\_  
Date

Thomas A. Barth  
\_\_\_\_\_  
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](mailto:aaron@urbanplaceconsulting.com)

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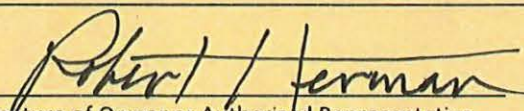
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Legal Owner: HERMAN ROBERT G COLIVER SUS

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3517 027	62 KISSLING	\$437.70	0.01%
Totals: \$437.70			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

  
Date

  
Print Name of Owner or Authorized Representative

  
Representative Contact Phone or Email

PLEASE RETURN TO:  
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P.O. BOX 410805  
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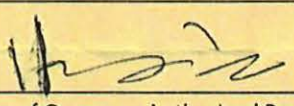
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Legal Owner: CHU & JARON PROPERTIES LLC

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3779 108	350 HARRIET	\$759.51	0.02%
3779 107	344 HARRIET	\$954.93	0.03%
3779 109	356 VHARRIET	\$384.22	0.01%
Totals: \$2,098.66			0.06%

☐ 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

10-1-18  
Date

HONG NING CHU  
Print Name of Owner or Authorized Representative

(415) 378-0056  
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: DAI FAMILY 2004 REVOC TR DAI ZHANG LIANG & YUE XIAN

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3755 097	1137 FOLSOM	\$2,336.17	0.06%
<b>Totals: \$2,336.17</b>			<b>0.06%</b>

☐ 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.

Yue Xian Wong  
Signature of Owner or Authorized Representative

9/30/2018  
Date

Yue Xian Wong  
Print Name of Owner or Authorized Representative

(415) 552-1582  
Representative Contact Phone or Email

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Legal Owner: HAYWARD & JUDY WONG 1990 FAHAYWARD Y & JUDY L W WONG

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3753 207	249 SHIPLEY	\$258.25	0.01%
Totals: \$258.25			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.

Hayward Wong  
Signature of Owner or Authorized Representative

9/26/18  
Date

HAYWARD WONG  
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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**PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS**  
**TO ESTABLISH THE**  
**SoMa West COMMUNITY BENEFIT DISTRICT**

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**Legal Owner: HAYWARD & JUDY WONG 90 FAM % HAYWARD & JUDY WONG**

<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3510 012	1434 HOWARD	\$2,623.00	0.07%
3510 029	0 NATOMA	\$603.88	0.02%
<b>Totals: \$3,226.88</b>			<b>0.09%</b>

☐ 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.

Hayward Wong  
Signature of Owner or Authorized Representative

9/26/18  
Date

HAYWARD WONG  
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](mailto:aaron@urbanplaceconsulting.com)

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Legal Owner: **WEHRENBURG CHARLES C**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3517 028	72 KISSLING	\$564.56	0.01%
<b>Totals: \$564.56</b>			<b>0.01%</b>

☐ 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.

Charles Wehrenburg  
Signature of Owner or Authorized Representative

1 Oct 2018  
Date

CHARLES WEHRENBURG  
Print Name of Owner or Authorized Representative

charlie @ solozone.com  
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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**TO ESTABLISH THE**  
**SoMa West COMMUNITY BENEFIT DISTRICT**

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**Legal Owner: IRVIN A & BARBARA R WILLAT**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3731 043	1077 HOWARD	\$2,795.58	0.07%
<b>Totals: \$2,795.58</b>			<b>0.07%</b>

☐ 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

Sept 29, 2018  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Owner or Authorized Representative

831 375 4567  
\_\_\_\_\_  
Representative Contact Phone or Email

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P.O. BOX 410805  
San Francisco, CA 94141-0805  
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Legal Owner: ELIZABETH HAUBET LVG TR

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3727 136	627 VMINNA	\$1,498.45	0.04%
Totals: \$1,498.45			0.04%

☐ 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.

Elizabeth Hauber, trustee      10/1/18  
Signature of Owner or Authorized Representative      Date

ELIZABETH HAUBER      \_\_\_\_\_  
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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**PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS**  
**TO ESTABLISH THE**  
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Legal Owner: ELIZABETH HAUBER LVG TR

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3727 072A	655 VMINNA	\$768.44	0.02%
		<b>Totals: \$768.44</b>	<b>0.02%</b>

☐ 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.

*Elizabeth Hauber, trustee*  
Signature of Owner or Authorized Representative

10/1/18  
Date

ELIZABETH HAUBER  
Print Name of Owner or Authorized Representative

\_\_\_\_\_  
Representative Contact Phone or Email

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**PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS**  
**TO ESTABLISH THE**  
**SoMa West COMMUNITY BENEFIT DISTRICT**

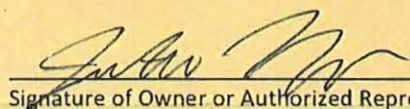
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Legal Owner: NGUYEN JONATHAN      LEE WENDY

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3727 164	180 07TH	\$135.77	0.00%
<b>Totals: \$135.77</b>			<b>0.00%</b>

☐ 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

9/30/2018  
Date

Jonathan Nguyen  
Print Name of Owner or Authorized Representative

jon.xt.nguyen@gmail.com  
Representative Contact 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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Legal Owner: **ROBERT & MIREYA WALL FMYL TROBERT & MIREYA P WALL**

APN	Parcel Address(if known)	Parcel Assessment	Parcel %
3731 115	19 HARRIET	\$827.61	0.02%
<b>Totals: \$827.61</b>			<b>0.02%</b>

☐ 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

ROB WALL  
Print Name of Owner or Authorized Representative

\_\_\_\_\_  
Date

10/1/18  
R WALL REALSTATE@AOL.COM  
Representative Contact Phone or Email

**PLEASE RETURN TO:**

SoMa West CBD  
P.O. BOX 410805  
San Francisco, CA 94141-0805  
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\* PAY ENOUGH TAXES... CITY SHOULD JUST  
DO THEIR JOB NO THX FOR MORE BILLING



**PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS**  
**TO ESTABLISH THE**  
**SoMa West COMMUNITY BENEFIT DISTRICT**

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Legal Owner: FRIEDMAN-JOY ASSOCIATES

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3782 013	670 08TH	\$267.09	0.01%
3782 012	670 08TH	\$267.09	0.01%
3782 017	670 08TH	\$336.15	0.01%
3782 019	670 08TH	\$364.17	0.01%
3782 021	670 08TH	\$268.00	0.01%
3782 022	670 08TH	\$268.00	0.01%
3782 023	670 08TH	\$268.00	0.01%
3782 024	670 08TH	\$235.17	0.01%
3782 014	670 08TH	\$391.92	0.01%
3782 016	670 08TH	\$335.76	0.01%
3782 018	670 08TH	\$335.50	0.01%
3782 020	670 08TH	\$352.31	0.01%
3782 015	670 08TH	\$337.19	0.01%
Totals: \$4,026.35			0.11%

☐ 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

10/1/18  
\_\_\_\_\_  
Date

SEAN JOY  
\_\_\_\_\_  
Print Name of Owner or Authorized Representative

630 08TH ST LLC@gmail.com  
\_\_\_\_\_  
Representative Contact Phone or Email

**PLEASE RETURN TO:**

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



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

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**PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS**  
**TO ESTABLISH THE**  
**SoMa West COMMUNITY BENEFIT DISTRICT**

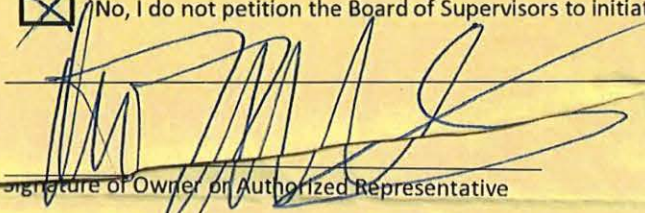
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Legal Owner: ZAVALETA OSCAR

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3753 028	984 HARRISON	\$907.96	0.02%
<b>Totals: \$907.96</b>			<b>0.02%</b>

☐ 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

Sept 25, 2018  
Date

Oscar Zavaleta  
Print Name of Owner or Authorized Representative

415 430 6029  
Representative Contact Phone or Email

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

*Property taxes  
are already  
high enough.*

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**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: JEFFE STEVEN

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3755 160	7 HALLAM	\$196.38	0.01%
<b>Totals: \$196.38</b>			<b>0.01%</b>

☐ 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

9/25/18  
\_\_\_\_\_  
Date

\_\_\_\_\_  
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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**TO ESTABLISH THE**  
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**Legal Owner: MANUEL & JOSEFINA DIZON REVDIZON MANUEL & JOSEFINA TRU**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3727 154	180 07TH	\$141.89	0.00%
<b>Totals: \$141.89</b>			<b>0.00%</b>

☐ 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.

Manuel B. Dizon  
Signature of Owner or Authorized Representative

10/31/18  
Date

Manuel B Dizon  
Print Name of Owner or Authorized Representative

\_\_\_\_\_  
Representative Contact Phone or Email

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SoMa West CBD  
P.O. BOX 410805  
San Francisco, CA 94141-0805  
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Legal Owner: LEE TONY H & YOUSUN SUNNY

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3511 019	1556 HOWARD	\$806.88	0.02%
<b>Totals: \$806.88</b>			<b>0.02%</b>

☐ 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

10/5/18  
Date

Tony Lee  
Print Name of Owner or Authorized Representative

917-664-3122  
Representative Contact Phone or Email

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

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**PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS**  
**TO ESTABLISH THE**  
**SoMa West COMMUNITY BENEFIT DISTRICT**

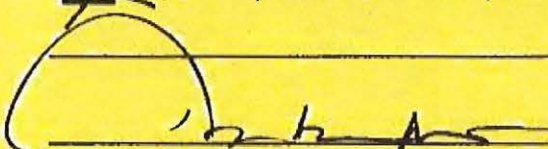
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Legal Owner: **TOM PATRICIA**

<u>APN</u>	<u>Parcel Address (if known)</u>	<u>Parcel Assessment</u>	<u>Parcel %</u>
3727 065A	683 MINNA	\$541.35	0.01%
<b>Totals: \$541.35</b>			<b>0.01%</b>

☐ 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

17 MAR 18  
Date

PATRICIA TOM  
Print Name of Owner or Authorized Representative

415-269-2015  
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](mailto:aaron@urbanplaceconsulting.com)

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Legal Owner: BPR HOSPITALITY INC

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3728 053	761 MINNA	\$1,134.11	0.03%
Totals: \$1,134.11			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.

\_\_\_\_\_  
Signature of Owner or Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
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: GRIFFITH 1995 TR      GRIFFITH DONALD P & MARJORI**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3756 036	1275 FOLSOM	\$2,867.05	0.08%
<b>Totals: \$2,867.05</b>			<b>0.08%</b>

☐ 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.

Julie Griffith  
Signature of Owner or Authorized Representative

8/26/18  
Date

Julie Griffith  
Print Name of Owner or Authorized Representative

griffano3@SBLGlobal.net  
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: **GEGENHEIMER JON JR**

<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3730 207	60 RAUSCH	\$289.38	0.01%
		<b>Totals: \$289.38</b>	<b>0.01%</b>

☐ 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
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](mailto:aaron@urbanplaceconsulting.com)

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**Legal Owner: WIJAYAN S RATNATHICAM REVOCWUJAYAN S RATNATHICAM TRUST**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3511 112	1025 MINNA	\$268.06	0.01%
Totals: \$268.06			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.

Aaron  
Signature of Owner or Authorized Representative

Sept 26 2018  
Date

Wijayan S Ratnathicam  
Print Name of Owner or Authorized Representative

Representative Contact Phone or Email

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SoMa West CBD  
P.O. BOX 410805  
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**SoMa WestCOMMUNITY BENEFIT DISTRICT**

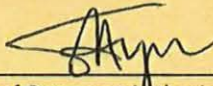
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**Legal Owner: SKYLANE INTERNATIONAL USA I**

APN	Parcel Address(if known)	Parcel Assessment	Parcel %
3729 001	1201 HOWARD	\$1,998.39	0.05%
<b>Totals: \$1,998.39</b>			<b>0.05%</b>

☐ 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

10/8/18  
\_\_\_\_\_  
Date

MARY YU  
\_\_\_\_\_  
Print Name of Owner or Authorized Representative

\_\_\_\_\_  
Representative Contact Phone or Email

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San Francisco, CA 94141-0805  
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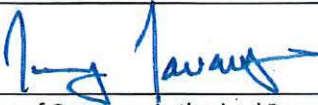
**Legal Owner: CALIF STATE – STATE LANDS**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3526 001	1111 Bryant	\$4,988.06	0.13%
3526 017	384 Dore	\$14,216.84	0.37%
3527 002		\$1,012.47	0.03%
3758 126		\$79,7245.04	2.09%
3758 129		\$16,877.54	0.45%
3758 130	450 7 <sup>th</sup> St	\$16,877.54	0.44%
3759 040	1009 Harrison	\$24,589.24	0.65%
3759 041		\$370.63	0.01%
3760 116		\$8,703.06	0.23%
3760 117		\$7,469.54	0.20%
3760 120		\$5,473.86	0.14%
3760 124		\$7,830.66	0.21%
3781 007	522 8 <sup>th</sup> St	\$8,464.53	0.22%
3782 002		\$10,453.56	0.27%
3782 004		\$7,507.55	0.20%
		<b>Totals: \$214,654.35</b>	<b>5.63%</b>

☐ 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.

The State land at issue is operating highway right of way and a CHP facility, over which the State has authority and responsibility, and the State will derive no special benefit from the proposed assessment.



Signature of Owner or Authorized Representative

10/3/18

Date

Tony Tavares

Print Name of Owner or Authorized Representative

(510) 286-5900

Representative Contact Phone or Email



**PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS**  
**TO ESTABLISH THE**  
**SoMa West COMMUNITY BENEFIT DISTRICT**

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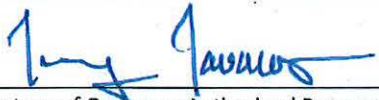
**Legal Owner: STATE PROPERTY**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3780 014	501 8 <sup>TH</sup> ST	\$3,819.16	0.10%
3528 003		\$5,321.81	0.14%
		<b>Totals: \$9,140.97</b>	<b>0.24%</b>

☐ 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.

The State land at issue is operating highway right of way and a CHP facility, over which the State has authority and responsibility, and the State will derive no special benefit from the proposed assessment.



Signature of Owner or Authorized Representative



Date

Tony Tavares

Print Name of Owner or Authorized Representative

(510) 286-5900

Representative Contact Phone or Email

**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](mailto:aaron@urbanplaceconsulting.com).



**PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS**  
**TO ESTABLISH THE**  
**SoMa West COMMUNITY BENEFIT DISTRICT**

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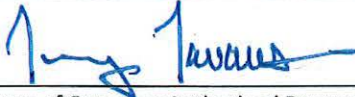
**Legal Owner: CALIF STATE STATE LANDS COMM**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3523 005		\$13.11	0.00%
3528 003		\$10,928.53	0.29%
		<b>Totals: \$10,941.64</b>	<b>0.29%</b>

☐ 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.

**The State land at issue is operating highway right of way and a CHP facility, over which the State has authority and responsibility, and the State will derive no special benefit from the proposed assessment.**



Signature of Owner or Authorized Representative

10/3/18

Date

Tony Tavares

Print Name of Owner or Authorized Representative

(510) 286-5900

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: **ROBERT J CART MARITAL TRUST**

<u>APN</u>	<u>Parcel Address (if known)</u>	<u>Parcel Assessment</u>	<u>Parcel %</u>
3509 011	1380 HOWARD	\$16,022.10	0.42%
<b>Totals: \$16,022.10</b>			<b>0.42%</b>

☐ 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.

Vera Cort  
Signature of Owner or Authorized Representative

3/20/18  
Date

VERA CORT  
Print Name of Owner or Authorized Representative

415 730 5578  
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](mailto:aaron@urbanplaceconsulting.com)

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**PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS**  
**TO ESTABLISH THE**  
**SoMa West COMMUNITY BENEFIT DISTRICT**

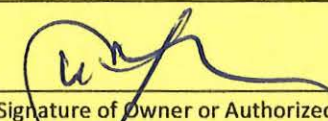
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**Legal Owner: FORMAN WILLIAM CASH**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3509 015B	135 10TH	\$3,521.31	0.09%
<b>Totals: \$3,521.31</b>			<b>0.09%</b>

☐ 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

William Cash Forman  
\_\_\_\_\_  
Print Name of Owner or Authorized Representative

3/15/18  
\_\_\_\_\_  
Date

415.999.593  
\_\_\_\_\_  
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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**PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS**  
**TO ESTABLISH THE**  
**SoMa West COMMUNITY BENEFIT DISTRICT**

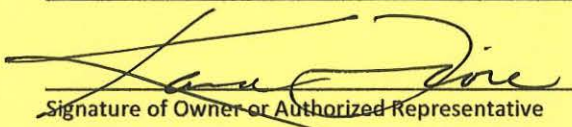
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Legal Owner: KARA A FIORE LIVING TRUST FIORE KARA A TRUSTEE

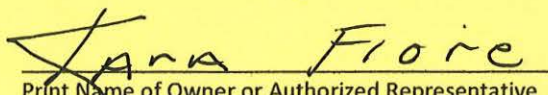
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3509 023	30 WASHBURN	\$1,185.26	0.03%
<b>Totals: \$1,185.26</b>			<b>0.03%</b>

☐ 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

3-20-18  
Date

  
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: REIS ARTHUR

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3509 072	61 GRACE	\$221.93	0.01%
Totals: \$221.93			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.

NO!

  
\_\_\_\_\_  
Signature of Owner or Authorized Representative

3/26/18  
\_\_\_\_\_  
Date

ARTHUR REIS  
\_\_\_\_\_  
Print Name of Owner or Authorized Representative

DECLINE  
\_\_\_\_\_  
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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**PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS**  
**TO ESTABLISH THE**  
**SoMa West COMMUNITY BENEFIT DISTRICT**

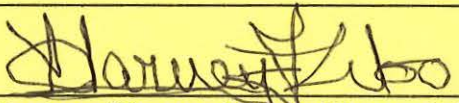
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**Legal Owner: WOO FAMILY TRUST 1990 THE % HARVEY J WOO**

<u>APN</u>	<u>Parcel Address (if known)</u>	<u>Parcel Assessment</u>	<u>Parcel %</u>
3510 008	154 10TH	\$1,889.57	0.05%
<b>Totals: \$1,889.57</b>			<b>0.05%</b>

☐ 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

3-30-18  
Date

HARVEY J. WOO  
Print Name of Owner or Authorized Representative

(415) 348-9791  
Representative Contact Phone 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: DOUGLAS F SWEET 2004 FMLY R

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3510 019	1480 HOWARD	\$907.59	0.02%
		<b>Totals: \$907.59</b>	<b>0.02%</b>

- ☐ 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

3/29/18  
Date

Douglas F. Sweet, trustee  
Print Name of Owner or Authorized Representative

Biographmarketing@aol.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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**Legal Owner: FOLDENAUER CARLENE**

<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3779 092	31 BOARDMAN	\$1,044.24	0.03%
		<b>Totals: \$1,044.24</b>	<b>0.03%</b>

☐ 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

4/11/18  
Date

Carlene Foldenauer  
Print Name of Owner or Authorized Representative

Cfoldenauer@earthlink.net  
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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**PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS**  
**TO ESTABLISH THE**  
**SoMa West COMMUNITY BENEFIT DISTRICT**

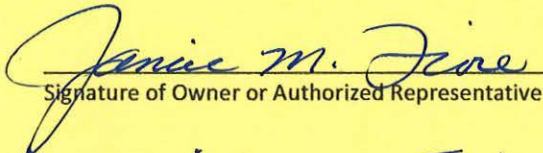
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**Legal Owner: FIORE RICHARD A & JANICE M**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3779 131	P000	\$359.82	0.01%
3779 130	586 06TH	\$1,545.59	0.04%
Totals: \$1,905.41			0.05%

☐ 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

3-16-18  
Date

JANICE M. FIORE  
Print Name of Owner or Authorized Representative

415-777-1300  
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

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.



**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.
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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.

**Legal Owner: 42 BOARDMAN PLACE LLC**

<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3779 136	40 BOARDMAN	\$1,332.91	0.04%
<b>Totals: \$1,332.91</b>			<b>0.04%</b>

☐ 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.

Aaron Aulenta for 42 Boardman Place, LLC      3/18/18  
Signature of Owner or Authorized Representative      Date

42 Boardman Place, LLC      415-862-0309  
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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**TO ESTABLISH THE**  
**SoMa West COMMUNITY BENEFIT DISTRICT**

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Legal Owner: **SURVIVORS TRUST**      % **GERRIE A SCOTT**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3779 148	51 GILBERT	\$241.80	0.01%
3779 147	49 GILBERT	\$260.44	0.01%
3779 149	53 GILBERT	\$221.48	0.01%
<b>Totals: \$723.72</b>			<b>0.02%</b>

☐ 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

3/24/18  
Date

Gerrie A. Scott  
Print Name of Owner or Authorized Representative

415 863-3308  
Representative Contact Phone or Email

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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**

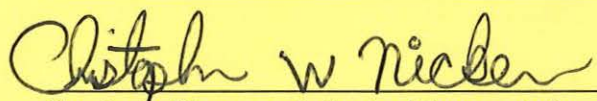
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**Legal Owner: NICKERSON CHRISTOPHER W &**

<u>APN</u>	<u>Parcel Address (if known)</u>	<u>Parcel Assessment</u>	<u>Parcel %</u>
3779 151	39 BOARDMAN	\$247.17	0.01%
<b>Totals: \$247.17</b>			<b>0.01%</b>

☐ 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

20 MARCH 2018  
Date

CHRISTOPHER W NICKERSON  
Print Name of Owner or Authorized Representative

510-750-2897  
Representative Contact Phone 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: BASS LISA

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3779 158	39 BOARDMAN	\$203.00	0.01%
<b>Totals: \$203.00</b>			<b>0.01%</b>

☐ 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

\_\_\_\_\_  
Date

Lisa Bass  
Print Name of Owner or Authorized Representative

4/6/18  
Date

LM\_BASS99@yahoo.com  
Representative Contact 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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**TO ESTABLISH THE**  
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**Legal Owner: DENNIS NIEL & CATHERINE LISSCHULTZ REVOCABLE TRUST**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3779 164	39 BOARDMAN	\$221.76	0.01%
		<b>Totals: \$221.76</b>	<b>0.01%</b>

☐ 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

3-26-2018  
Date

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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Legal Owner: HESS/SCOTT 1993 SURVIVORS T% GERRIE A SCOTT

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3779 165	0 BOARDMAN	\$1,083.50	0.03%
<b>Totals: \$1,083.50</b>			<b>0.03%</b>

☐ 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

  
Date

  
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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Legal Owner: SURVIVORS TRUST THE      % GERRIE A SCOTT

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3779 171	55 GILBERT	\$272.54	0.01%
<b>Totals: \$272.54</b>			<b>0.01%</b>

☐ 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.

Dei G Scott  
Signature of Owner or Authorized Representative

3/20/18  
Date

Gerrie A. Scott  
Print Name of Owner or Authorized Representative

415: 863-3308  
Representative Contact Phone or Email

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**Legal Owner:** SURVIVORS TRUST THE      % GERRIE A SCOTT

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3779 172	57 GILBERT	\$298.21	0.01%
<b>Totals: \$298.21</b>			<b>0.01%</b>

☐ 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.

*Gerrie A. Scott*  
Signature of Owner or Authorized Representative

3/20/18  
Date

Gerrie A. Scott  
Print Name of Owner or Authorized Representative

415: 863-3308  
Representative Contact Phone or Email

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Legal Owner: SURVIVORS TRUST THE      % GERRIE A SCOTT

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3779 173	59 GILBERT	\$315.15	0.01%
<b>Totals: \$315.15</b>			<b>0.01%</b>

☐ 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

3/20/18  
Date

Gerrie A. Scott  
Print Name of Owner or Authorized Representative

415 863-3308  
Representative Contact Phone or Email

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**Legal Owner: SURVIVORS TRUST THE      % GERRIE A SCOTT**

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<b>Totals: \$219.38</b>			<b>0.01%</b>

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Signature of Owner or Authorized Representative

3/20/18  
Date

Gerrie A. Scott  
Print Name of Owner or Authorized Representative

415 863-3308  
Representative Contact Phone or Email

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Legal Owner: **ROBERT CHARLES LARSCHIED LI** **ROBERT CHARLES LARSCHIED TR**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3779 183	520 6TH	\$235.61	0.01%
Totals: \$235.61			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

3/20/18  
Date

ROBERT CHARLES LARSCHIED  
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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**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: EAGLSTEIN WILLIAM & JANET**

<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3779 194	0	\$336.47	0.01%
		<b>Totals: \$336.47</b>	<b>0.01%</b>

- ☐ 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.

Janet Eaglstein  
Janet Eaglstein

Signature of Owner or Authorized Representative

3/19/2018

Date

William & Janet Eaglstein

Print Name of Owner or Authorized Representative

cakele@aol.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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**Legal Owner: GADWAY CHRISTOPHER**

<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3779 206	590 06TH	\$308.65	0.01%
		<b>Totals: \$308.65</b>	<b>0.01%</b>

☐ 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

3/19/2018  
\_\_\_\_\_  
Date

CHRIS GADWAY  
\_\_\_\_\_  
Print Name of Owner or Authorized Representative

(415) 580-5503  
\_\_\_\_\_  
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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**TO ESTABLISH THE**  
**SoMa West COMMUNITY BENEFIT DISTRICT**

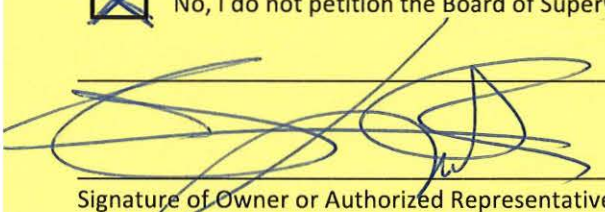
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Legal Owner: LUBECK SUSAN

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3779 216	590 6TH	\$278.42	0.01%
<b>Totals: \$278.42</b>			<b>0.01%</b>

☐ 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

3/27/2018  
Date

SUSAN LUBECK  
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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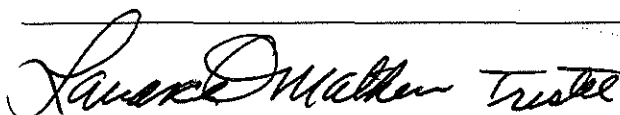
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**TO ESTABLISH THE**  
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**Legal Owner: MATHEWS LAURANCE O & JEANET MATHEWS LAURANCE O & JEANET**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3780 056A	360 LANGTON	\$5,200.26	0.14%
<b>Totals: \$5,200.26</b>			<b>0.14%</b>

- ☐ 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

4-2-2018

Date

LAURANCE O. MATHEWS

Print Name of Owner or Authorized Representative

MATHEWS PROPERTIES @ 6-MW.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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Legal Owner: JOHN C WIGGINS RVC TR    JOHN C WIGGINS TRUSTEE

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3780 098	321 LANGTON	\$298.64	0.01%
<b>Totals: \$298.64</b>			<b>0.01%</b>

☐ 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.

John C. Wiggins  
Signature of Owner or Authorized Representative

3/20/18  
Date

JOHN C. WIGGINS  
Print Name of Owner or Authorized Representative

N/A  
Representative Contact Phone or Email

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

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P.O. BOX 410805  
San Francisco, CA 94141-0805  
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SoMa West COMMUNITY BENEFIT DISTRICT**

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Legal Owner: TEKLEHAIMANOT AMAN

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3780 099	321 LANGTON	\$211.98	0.01%
Totals: \$211.98			0.01%

*WTF 2??!! This is B.S.!*  
*pay more*

- ☐ 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.
- B.S.!*

Signature of Owner or Authorized Representative

Date

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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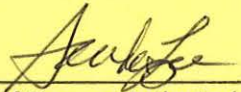
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Legal Owner: LEE SANDRA

<u>APN</u>	<u>Parcel Address (if known)</u>	<u>Parcel Assessment</u>	<u>Parcel %</u>
3784 017	787 BRANNAN	\$2,701.71	0.07%
<b>Totals: \$2,701.71</b>			<b>0.07%</b>

- ☐ 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

4/3/18  
\_\_\_\_\_  
Date

Sandra Lee  
\_\_\_\_\_  
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  
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Legal Owner: HUBERT OLIVIER

<u>APN</u>	<u>Parcel Address (if known)</u>	<u>Parcel Assessment</u>	<u>Parcel %</u>
3784 099	5000 LUCERNE	\$314.80	0.01%
<b>Totals: \$314.80</b>			<b>0.01%</b>

☐ 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.

Olivia Hubert  
Signature of Owner or Authorized Representative

03/19/2018  
Date

OLIVIER HUBERT  
Print Name of Owner or Authorized Representative

415-254-0925  
Representative Contact Phone 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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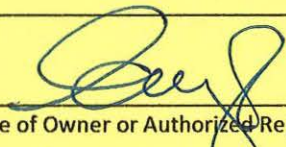
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Legal Owner: KO AMY

<u>APN</u>	<u>Parcel Address (if known)</u>	<u>Parcel Assessment</u>	<u>Parcel %</u>
3784 138	125 GILBERT	\$237.63	0.01%
<b>Totals: \$237.63</b>			<b>0.01%</b>

☐ 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

4/11/18  
\_\_\_\_\_  
Date

Amy Ko  
\_\_\_\_\_  
Print Name of Owner or Authorized Representative

617-407-2085 / amyko.us@gmail.com  
\_\_\_\_\_  
Representative Contact Phone or Email

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P.O. BOX 410805  
San Francisco, CA 94141-0805  
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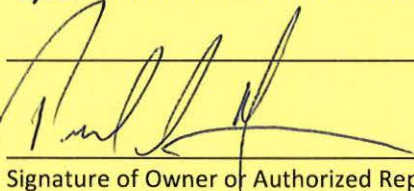
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Legal Owner: **MASON PAUL L**

<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3784 139	125 GILBERT	\$202.84	0.01%
<b>Totals: \$202.84</b>			<b>0.01%</b>

☐ 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

3/18/18

Date

PAUL MASON

Print Name of Owner or Authorized Representative

415-997-8205

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](mailto:aaron@urbanplaceconsulting.com)

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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: JOSEPH P & CANDICE M HARNEYHC&M /HARNEY JOSEPH P & CAN**

<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3784 181	30 LUCERNE	\$4,045.09	0.11%
<b>Totals: \$4,045.09</b>			<b>0.11%</b>

☐ 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
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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Legal Owner: **HOLT WILLIAM T**

<u>APN</u>	<u>Parcel Address (if known)</u>	<u>Parcel Assessment</u>	<u>Parcel %</u>
3728 180	121 09TH	\$117.67	0.00%
<b>Totals: \$117.67</b>			<b>0.00%</b>

☐ 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

24 Sept 2013  
\_\_\_\_\_  
Date

\_\_\_\_\_  
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](mailto:aaron@urbanplaceconsulting.com)

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**PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS**  
**TO ESTABLISH THE**  
**SoMa West COMMUNITY BENEFIT DISTRICT**

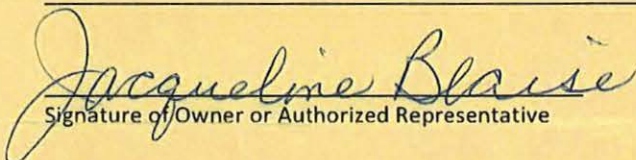
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**Legal Owner: SURVIVORS TR - BLAISE 1989 JACQUELINE M BLAISE**

APN	Parcel Address(if known)	Parcel Assessment	Parcel %
3522 002	314 12TH	\$778.57	0.02%
<b>Totals: \$778.57</b>			<b>0.02 %</b>

☐ 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

Oct. 7, 2018  
Date

JACQUELINE BLAISE  
Print Name of Owner or Authorized Representative

gablaise@hotmail.com  
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: **TIMBERLINE TRUST**      **TIMOTHY S MEHAN TRUSTEE**

<u>APN</u>	<u>Parcel Address (if known)</u>	<u>Parcel Assessment</u>	<u>Parcel %</u>
3731 212	175 RUSS	\$259.05	0.01%
<b>Totals: \$259.05</b>			<b>0.01%</b>

☐ 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

3-16-18  
Date

Timothy S. Mehan  
Print Name of Owner or Authorized Representative

(530) 318-0884  
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: 970 FOLSOM SF LLC**

<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3732 026	970 Folsom St	\$1,419.05	0.04%
<b>Totals: \$1,419.05</b>			<b>0.04%</b>

☐ 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Owner or Authorized Representative

\_\_\_\_\_  
Representative Contact Phone or Email

**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: HORACE S GIANNINI REVOC TRU% HORACE S GIANNINI

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3732 151	974 Folsom St	\$4,280.04	0.11%
<b>Totals: \$4,280.04</b>			<b>0.11%</b>

☐ 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.

*Horace S Giannini*  
Signature of Owner or Authorized Representative

3-22-2017  
Date

HORACE S GIANNINI  
Print Name of Owner or Authorized Representative

HS GIANNINI@aol.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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**PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS**  
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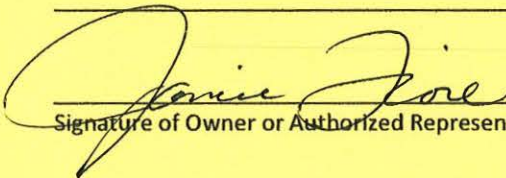
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Legal Owner: RAF INVESTMENTS

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3753 037	275 CLARA	\$815.70	0.02%
<b>Totals: \$815.70</b>			<b>0.02%</b>

☐ 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

3-20-18  
Date

JANICE FIORE  
Print Name of Owner or Authorized Representative

415-777-1300  
Representative Contact Phone or Email

**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: GOLD REVOCABLE TRUST THE % RICHARD A&BEVERLY G GOLD**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3753 049	237 CLARA	\$644.83	0.02%
<b>Totals: \$644.83</b>			<b>0.02%</b>

☐ 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.

Richard A Gold - Beverly G Gold  
Signature of Owner or Authorized Representative

4-15-18  
Date

Richard A Gold - Beverly G Gold  
Print Name of Owner or Authorized Representative

Richard Gold - 415-7100685  
Representative Contact Phone or Email

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Legal Owner: **PARKER WILMA**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3753 061	222 CLARA	\$796.33	0.02%

Totals: **\$796.33**      **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.

*enforce the laws already on the fools!*

*Wilma Parker*

Signature of Owner or Authorized Representative

*3/21/18*

Date

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](mailto:aaron@urbanplaceconsulting.com)

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**SoMa West COMMUNITY BENEFIT DISTRICT**


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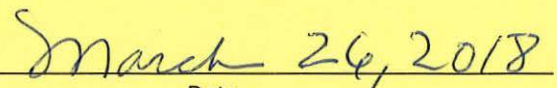
**Legal Owner: O'CONNOR CHARLES D & ROSE M**

<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3753 094	239 SHIPLEY	\$892.23	0.02%
<b>Totals: \$892.23</b>			<b>0.02%</b>

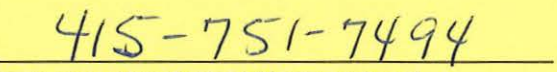
☐ Yes, I petition the Board of Supervisors to initiate special assessment proceedings.

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

  
Signature of Owner or Authorized Representative

  
Date

  
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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**PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS**  
**TO ESTABLISH THE**  
**SoMa West COMMUNITY BENEFIT DISTRICT**

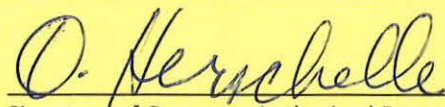
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**Legal Owner: ONDYN HERSCHELLE 2003 TRUST**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3753 121	989 FOLSOM	\$2,235.04	0.06%
Totals: \$2,235.04			0.06%

☐ 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



Date



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](mailto:aaron@urbanplaceconsulting.com)

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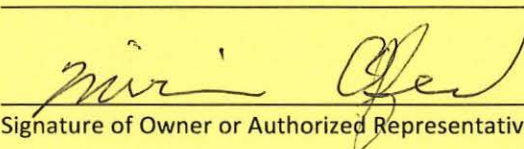
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**Legal Owner: MIRIAM OFER REVOCABLE TR**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3753 129	981 FOLSOM	\$725.43	0.02%
<b>Totals: \$725.43</b>			<b>0.02%</b>

☐ 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

3/17/18  
Date

MIRIAM OFER  
Print Name of Owner or Authorized Representative

\_\_\_\_\_  
Representative Contact 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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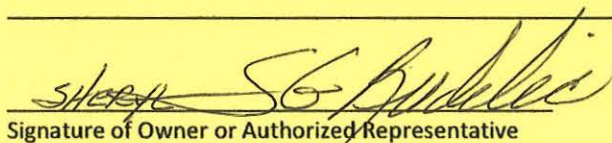
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**Legal Owner: RUDELIC ROBERT A & SHERYL G**

<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3753 185	920 HARRISON	\$239.36	0.01%
<b>Totals: \$239.36</b>			<b>0.01%</b>

☐ 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

3-22-2018  
Date

SHERYL G. RUDELIC  
Print Name of Owner or Authorized Representative

415 655-3597  
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: STRONG RICHARD RAY**

<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3753 198	221 CLARA	\$242.95	0.01%
<b>Totals: \$242.95</b>			<b>0.01%</b>

☐ 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
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](mailto:aaron@urbanplaceconsulting.com)

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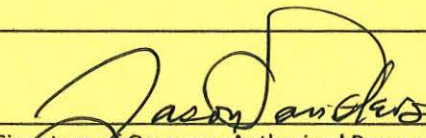
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**Legal Owner: SANDERS JASON R & PASION CH**

<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3753 222	236 CLARA	\$234.06	0.01%
<b>Totals: \$234.06</b>			<b>0.01%</b>

☐ 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

5-3-18  
Date

Jason Sanders  
Print Name of Owner or Authorized Representative

415-359-8017  
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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**SoMa West COMMUNITY BENEFIT DISTRICT**

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Legal Owner: JUNG BRIAN

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3753 223	236 CLARA	\$333.23	0.01%
<b>Totals: \$333.23</b>			<b>0.01%</b>


☐ 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

3/23/18  
\_\_\_\_\_  
Date

BRIAN JUNG  
\_\_\_\_\_  
Print Name of Owner or Authorized Representative

  
\_\_\_\_\_  
Representative Contact Phone or Email

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SoMa West CBD  
P.O. BOX 410805  
San Francisco, CA 94141-0805  
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**Legal Owner: CORNWALL TREVEN & CHUENJAI**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3753 232	965 FOLSOM	\$232.97	0.01%
		<b>Totals: \$232.97</b>	<b>0.01%</b>

☐ 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

3/31/18  
\_\_\_\_\_  
Date

TREVEN CORNWALL  
\_\_\_\_\_  
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  
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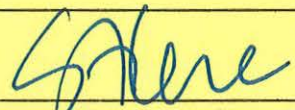
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**Legal Owner: KHAN SURINA & TERRY JENNIFE**

<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3753 236	965 FOLSOM	\$234.80	0.01%
<b>Totals: \$234.80</b>			<b>0.01%</b>

- ☐ 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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
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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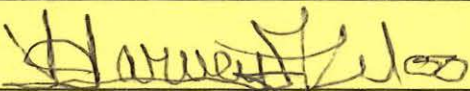
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**Legal Owner: WOO HARVEY & SANDY**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3753 302	210 SHIPLEY	\$288.42	0.01%
3753 303	210 SHIPLEY	\$292.98	0.01%
3753 304	210 SHIPLEY	\$292.98	0.01%
<b>Totals: \$874.38</b>			<b>0.02%</b>

☐ 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

3-30-18

Date

HARVEY J. WOO

Print Name of Owner or Authorized Representative

(415) 348-9791

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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**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: ROBERTO Z & HONEYLETTE M DEROBERTO Z & HONEYLETTE DE L**

<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3753 338		\$169.02	0.00%
		<b>Totals: \$169.02</b>	<b>0.00%</b>

☐ 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

ROBERTO DE LEON, JR.  
Print Name of Owner or Authorized Representative

\_\_\_\_\_  
Date

3/20/18  
\_\_\_\_\_  
Representative Contact Phone or Email

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**SoMa West COMMUNITY BENEFIT DISTRICT**

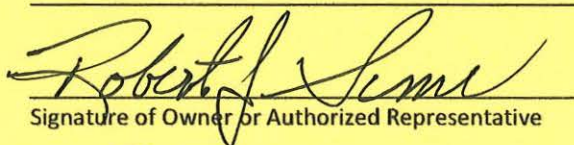
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**Legal Owner: SIMI ROBERT JOHN**

<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3754 001	1001 FOLSOM	\$1,450.66	0.04%
<b>Totals: \$1,450.66</b>			<b>0.04%</b>

☐ 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

3-19-18  
Date

ROBERT J SIMI  
Print Name of Owner or Authorized Representative

RTJ1MI@PACKER.NET  
Representative Contact Phone or Email

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P.O. BOX 410805  
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**Legal Owner: ADORA JANE SALA REVOC INTV C/O JOHN SALA**

<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3754 002	316 06TH	\$966.47	0.03%
<b>Totals: \$966.47</b>			<b>0.03%</b>

☐ 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Owner or Authorized Representative

\_\_\_\_\_  
Representative Contact Phone or Email

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**SoMa West COMMUNITY BENEFIT DISTRICT**

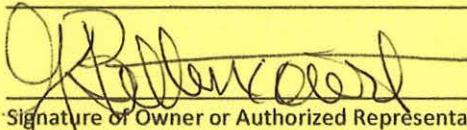
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**Legal Owner: BETTENCOURT DENNIS J & BREND**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3754 030	321 07TH	\$1,696.92	0.04%
<b>Totals: \$1,696.92</b>			<b>0.04%</b>

☐ 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

03/14/18  
Date

Dennis Bettencourt  
Print Name of Owner or Authorized Representative

Representative Contact Phone or Email

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P.O. BOX 410805  
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Legal Owner: WALKER FAMILY TR      STEVEN R & SUSAN H WALKER T

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3754 065	1091 FOLSOM	\$1,532.76	0.04%
3754 066	1091 FOLSOM	\$724.85	0.02%
<b>Totals: \$2,257.61</b>			<b>0.06%</b>

☐ 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

3/28/18.  
\_\_\_\_\_  
Date

STEVEN R. WALKER  
\_\_\_\_\_  
Print Name of Owner or Authorized Representative

swalker@cobaltix.com  
\_\_\_\_\_  
Representative Contact Phone or Email

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P.O. BOX 410805  
San Francisco, CA 94141-0805  
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Legal Owner: LU JIH-KAE & Li-Fang chen  
(passed away)

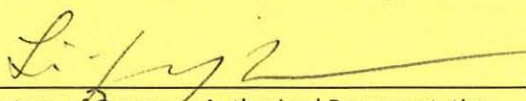
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3754 084	155 HARRIET	\$224.84	0.01%
<b>Totals: \$224.84</b>			<b>0.01%</b>

☐

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

3/18/2018  
Date

Li-Fang chen  
Print Name of Owner or Authorized Representative

408-768-3186  
Representative Contact Phone or Email

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P.O. BOX 410805  
San Francisco, CA 94141-0805  
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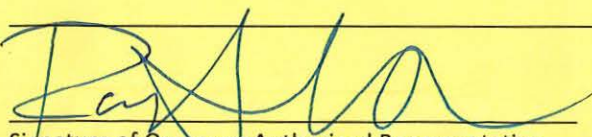
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**Legal Owner:** Lheureux Aaron C S/auduong Raymond

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3754 101	322 06TH	\$337.38	0.01%
Totals: \$337.38			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

4/4/18  
Date

Raymond Auduong  
Print Name of Owner or Authorized Representative

ray.auduong@gmail.com  
Representative Contact Phone or Email

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P.O. BOX 410805  
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**Legal Owner: MESCO 2 LLC**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3755 012	362 07TH	\$690.52	0.02%
3755 130	340 07TH	\$7,903.91	0.21%
3755 005	314 07TH	\$644.83	0.02%
3755 134	123 LANGTON	\$1,887.71	0.05%
<b>Totals: \$11,126.96</b>			<b>0.29%</b>

- ☐ 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

3/26/2018  
\_\_\_\_\_  
Date

JOHN A. MALTBY MANAGING PARTNER  
\_\_\_\_\_  
Print Name of Owner or Authorized Representative  
MESCO 2 LLC

415-863-5000  
\_\_\_\_\_  
Representative Contact Phone or Email

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Legal Owner: **CHOW KEVIN H & CHOW DAISY Q**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3755 014	380 07TH	\$1,045.33	0.03%
<b>Totals: \$1,045.33</b>			<b>0.03%</b>

☐ 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Owner or Authorized Representative

\_\_\_\_\_  
Representative Contact Phone or Email

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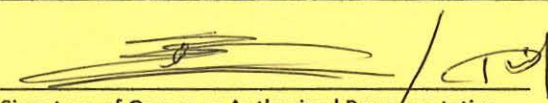
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**Legal Owner: CHOW KEVIN HAN & DAISY HE**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3755 015	384 07TH	\$684.36	0.02%
		<b>Totals: \$684.36</b>	<b>0.02%</b>

☐ 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

4/3/18  
Date

KEVIN CHOW / DAISY HE-CHOW  
Print Name of Owner or Authorized Representative

415-823-1039  
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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**PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS**  
**TO ESTABLISH THE**  
**SoMa West COMMUNITY BENEFIT DISTRICT**

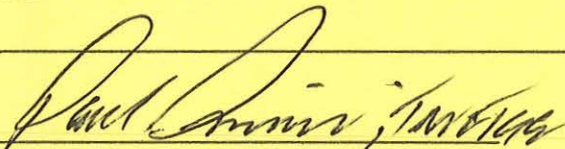
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Legal Owner: **BONINI FAMILY LVG TR**

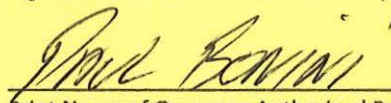
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3755 021	1124 HARRISON	\$1,418.29	0.04%
<b>Totals: \$1,418.29</b>			<b>0.04%</b>

☐ 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

  
Date

  
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](mailto:aaron@urbanplaceconsulting.com)

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**TO ESTABLISH THE**  
**SoMa West COMMUNITY BENEFIT DISTRICT**

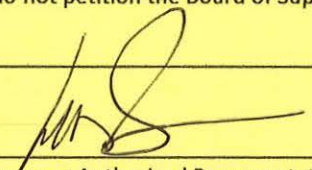
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Legal Owner: **BELL WILLIAM**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3755 022	1126 HARRISON	\$721.51	0.02%
<b>Totals: \$721.51</b>			<b>0.02%</b>

☐ 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

3/28/18  
\_\_\_\_\_  
Date

William Bell  
\_\_\_\_\_  
Print Name of Owner or Authorized Representative

415 710 9777  
\_\_\_\_\_  
Representative Contact 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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**TO ESTABLISH THE**  
**SoMa West COMMUNITY BENEFIT DISTRICT**


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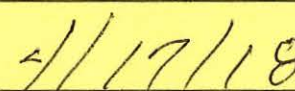
**Legal Owner: DAVID & JEAN MCGEE FAMILY TDAVID Y JEAN MCGEE**

<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3755 050	361 08TH	\$1,260.96	0.03%
<b>Totals: \$1,260.96</b>			<b>0.03%</b>

☐ 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

  
Date

DAVID M. MCGEE  
Print Name of Owner or Authorized Representative

925-254-3019  
Representative Contact Phone or Email

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P.O. BOX 410805  
San Francisco, CA 94141-0805  
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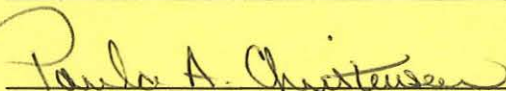
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**Legal Owner: CHRISTENSEN FAMILY TRUST**


APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3755 074	1171 FOLSOM	\$783.51	0.02%
		<b>Totals: \$783.51</b>	<b>0.02%</b>

☐ 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

3/13/18  
Date

  
Print Name of Owner or Authorized Representative

408-923-6788  
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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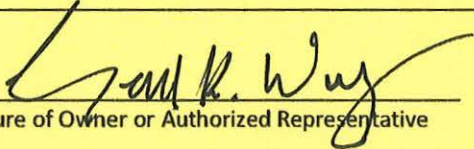
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Legal Owner: **WOLF REVOCABLE TRUST**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3755 078	1149 FOLSOM	\$903.94	0.02%
3755 088	50 HALLAM	\$845.45	0.02%
<b>Totals: \$1,749.40</b>			<b>0.05%</b>

☐ 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

4/3/2018  
Date

**GERALD K. WOLF**  
Print Name of Owner or Authorized Representative

**wolfgk@earthlink.NET**  
Representative Contact Phone or Email  
**415-626-6650**

**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: NOBILI ROBERT R**

<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3755 107	152 LANGTON	\$898.27	0.02%
<b>Totals: \$898.27</b>			<b>0.02%</b>

- ☐ 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

3-19-18  
\_\_\_\_\_  
Date

ROBERT NOBILI  
\_\_\_\_\_  
Print Name of Owner or Authorized Representative

\_\_\_\_\_  
Representative Contact Phone or Email

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SoMa West CBD  
P.O. BOX 410805  
San Francisco, CA 94141-0805  
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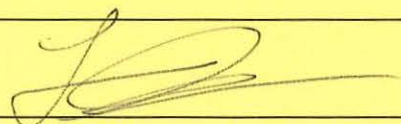
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Legal Owner: LI-WEN CHIA LVG TR      CHIA LI-WEN TRUSTEE

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3755 110	168 LANGTON	\$688.35	0.02%
Totals: \$688.35			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.

  
\_\_\_\_\_  
Signature of Owner or Authorized Representative

3/20/2018  
\_\_\_\_\_  
Date

LI-WEN CHIA  
\_\_\_\_\_  
Print Name of Owner or Authorized Representative

bchia2419@aol.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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Legal Owner: **CARPENTER KERI A**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3755 112	176 LANGTON	\$787.51	0.02%
<b>Totals: \$787.51</b>			<b>0.02%</b>

☐ 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.

Keri Carpenter, Owner      3/20/18  
Signature of Owner or Authorized Representative      Date

Keri Carpenter, Owner      650.245.7792      keri carpenter@gmail.com  
Print Name of Owner or Authorized Representative      Representative Contact Phone or Email

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

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**Legal Owner: ROBERT A SPOOR 2001 REVOC TSPOOR ROBERT A**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3755 148	69 HALLAM	\$212.87	0.01%
<b>Totals: \$212.87</b>			<b>0.01%</b>

- ☐ 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.

*Robert A. Spoor*

Signature of Owner or Authorized Representative

*4/9/18*

Date

*ROBERT A. SPOOR*

Print Name of Owner or Authorized Representative

*RobGemini@aol.com*

Representative Contact Phone or Email

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SoMa West CBD  
P.O. BOX 410805  
San Francisco, CA 94141-0805  
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Legal Owner: **DEFRANOUX NADINE**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3755 149	71 HALLAM	\$217.69	0.01%
		<b>Totals: \$217.69</b>	<b>0.01%</b>

☐ 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

4 / 20 / 2018  
\_\_\_\_\_  
Date

\_\_\_\_\_  
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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**TO ESTABLISH THE**  
**SoMa West COMMUNITY BENEFIT DISTRICT**

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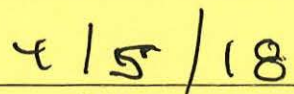
**Legal Owner: MICHAEL H & CYNTHIA CASEY LCASEY CYNTHIA SUCC TRUSTEE**

<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3755 150	33 HALLAM	\$363.37	0.01%
<b>Totals: \$363.37</b>			<b>0.01%</b>

☐ 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

  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Owner or Authorized Representative

\_\_\_\_\_  
Representative Contact Phone or Email

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P.O. BOX 410805  
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Legal Owner: SOLER GEORGE

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3755 161	7 HALLAM	\$184.78	0.00%
<b>Totals: \$184.78</b>			<b>0.00%</b>

☐ 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

April 5, 2018  
\_\_\_\_\_  
Date

GEORGE SOLER  
\_\_\_\_\_  
Print Name of Owner or Authorized Representative

SP59@GSOLER.COM  
\_\_\_\_\_  
Representative Contact Phone or Email

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

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**PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS**  
**TO ESTABLISH THE**  
**SoMa West COMMUNITY BENEFIT DISTRICT**

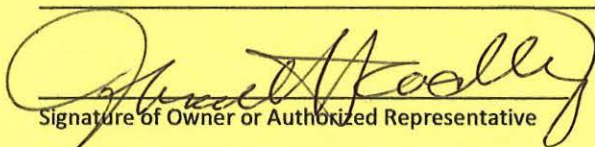
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Legal Owner: **HOADLEY JOHANNA MARIE**

<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3755 210	370 7TH ST #5	\$272.19	0.01%
<b>Totals: \$272.19</b>			<b>0.01%</b>

☐ 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

Johanna Hoadley  
Print Name of Owner or Authorized Representative

3/21/2018  
Date

jodi@jodih.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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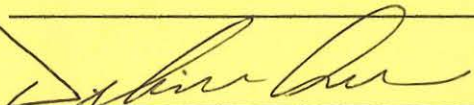
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**Legal Owner: 1201 FOLSOM LLC**

<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3756 001	1201 FOLSOM	\$4,743.26	0.13%
<b>Totals: \$4,743.26</b>			<b>0.13%</b>

☐ 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

3-27-2018

Date

WILLIAM CHAN

Print Name of Owner or Authorized Representative

415-531-8118

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: NICHOLAS LANE BATES 2001 RESUSAN M & NICHOLAS L BATES**

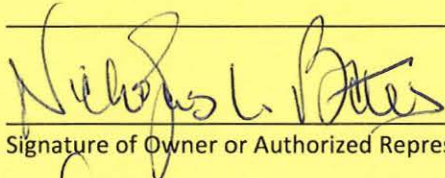
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3756 034	1285 FOLSOM	\$1,220.52	0.03%
<b>Totals: \$1,220.52</b>			<b>0.03%</b>

☐

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

☒

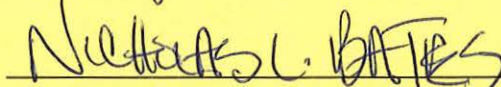
No, I do not petition the Board of Supervisors to initiate special assessment proceedings.



Signature of Owner or Authorized Representative



Date



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: FF PROPERTIES LLC

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3755 087	11 VBRUSH	\$883.37	0.02%
		<b>Totals: \$883.37</b>	<b>0.02%</b>

☐ 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

3-16-18  
Date

JAMIE M. FLORIE  
Print Name of Owner or Authorized Representative

415-777-1300  
Representative Contact Phone or Email

**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: **MARTIS MARY C**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3757 090	1247 HARRISON	\$267.02	0.01%
<b>Totals: \$267.02</b>			<b>0.01%</b>

☐

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

Date

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  
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**Legal Owner: SING & MELY LEUNG FMLY TR LEUNG SING & MELY NG TRUSTE**

<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3757 118	1221 HARRISON	\$330.97	0.01%
<b>Totals: \$330.97</b>			<b>0.01%</b>

☐ 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.

Mely Leung  
Signature of Owner or Authorized Representative

3/20/18  
Date

Mely Leung  
Print Name of Owner or Authorized Representative

\_\_\_\_\_  
Representative Contact Phone or Email

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**Legal Owner: CROSS DAVID M**

<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3757 126	1221 HARRISON	\$283.80	0.01%
		<b>Totals: \$283.80</b>	<b>0.01%</b>

☐ 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

3/24/0  
Date

David M Cross  
Print Name of Owner or Authorized Representative

david.michael.cross@gmail.com  
Representative Contact Phone or Email

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**SoMa West COMMUNITY BENEFIT DISTRICT**

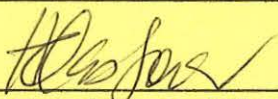
1. We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "**SoMa West Community Benefit District**" (hereafter "SoMa West CBD" or "District"), the boundaries of which are shown on the attached map and in the Management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

<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3757 132	1221 HARRISON	\$330.97	0.01%
<b>Totals: \$330.97</b>			<b>0.01%</b>

☐ 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

3/27/18  
\_\_\_\_\_  
Date

Helena Jocson  
\_\_\_\_\_  
Print Name of Owner or Authorized Representative

510 761 6618  
\_\_\_\_\_  
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](mailto:aaron@urbanplaceconsulting.com)

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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: KEVIN G SCHOELER FAMILY TRUKEVIN F SCHOELER TRUSTEE**

<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3757 134	1221 HARRISON	\$296.44	0.01%
<b>Totals: \$296.44</b>			<b>0.01%</b>

☐ 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.

Kevin G Schoeler  
Signature of Owner or Authorized Representative

3/20/18  
Date

KEVIN G SCHOELER  
Print Name of Owner or Authorized Representative

310-866-3255  
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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**PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS**  
**TO ESTABLISH THE**  
**SoMa West COMMUNITY BENEFIT DISTRICT**

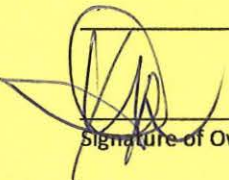
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**Legal Owner: CHUN MYUNG**

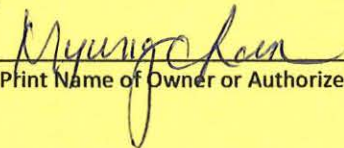
<u>APN</u>	<u>Parcel Address (if known)</u>	<u>Parcel Assessment</u>	<u>Parcel %</u>
3759 045	444 06TH	\$1,656.44	0.04%
<b>Totals: \$1,656.44</b>			<b>0.04%</b>

☐ 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

3/12/2018  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
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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**TO ESTABLISH THE**  
**SoMa West COMMUNITY BENEFIT DISTRICT**

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**Legal Owner: 718 BRYANT STREET LLC**

<u>APN</u>	<u>Parcel Address (if known)</u>	<u>Parcel Assessment</u>	<u>Parcel %</u>
3760 016	718 BRYANT	\$1,819.28	0.05%
<b>Totals: \$1,819.28</b>			<b>0.05%</b>

☐ 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
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: **CORDISCO ARTHUR**

<u>APN</u>	<u>Parcel Address (if known)</u>	<u>Parcel Assessment</u>	<u>Parcel %</u>
3760 017	726 BRYANT	\$1,320.32	0.03%
<b>Totals: \$1,320.32</b>			<b>0.03%</b>

☐ 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

3-20-18  
\_\_\_\_\_  
Date

Arthur J. Cordisco  
\_\_\_\_\_  
Print Name of Owner or Authorized Representative

art@artsfuf.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](mailto:aaron@urbanplaceconsulting.com)

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**Legal Owner: PETERSON FAMILY REVOC TRUST PETERSON ROBERT L & CATHERI**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3760 107	911 HARRISON	\$705.21	0.02%
Totals: \$705.21			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.

  
Signature of Owner or Authorized Representative

4/17/2018  
Date

ROBERT L. PETERSON  
Print Name of Owner or Authorized Representative

(415) 412-4696 chaseautosf@att.net  
Representative Contact Phone or Email  
~~chaseautoservice~~

**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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**SoMa West COMMUNITY BENEFIT DISTRICT**

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Legal Owner: EVAN FAMILY REVOC TRUST EVAN EILEEN TRUSTEE

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3779 010	582 06TH	\$3,078.02	0.08%
<b>Totals: \$3,078.02</b>			<b>0.08%</b>

☐ 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

3-17-18  
Date

Eileen Evan  
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: 796 BRANNAN STREET LLC**

<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3779 025	796 BRANNAN	\$1,268.18	0.03%
<b>Totals: \$1,268.18</b>			<b>0.03%</b>

☐ 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

Date

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  
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**SoMa West COMMUNITY BENEFIT DISTRICT**

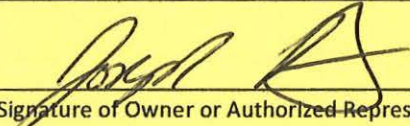
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Legal Owner: JOSEPH P & CANDICE M HARNEY HARNEY JOSEPH P & CANDICE M

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3779 026	575 07TH	\$1,934.48	0.05%
3779 028	575 7TH	\$576.33	0.02%
3779 030	567 07TH	\$1,134.77	0.03%
3779 143	569 7TH	\$1,484.06	0.04%
3779 231	98 SITUS TO BE ASSIGNED	\$1,580.10	0.04%
3782 009	901 BRANNAN	\$2,439.41	0.06%
Totals: \$9,149.14			0.24%

☐ 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

3/20/18  
Date

Joseph Harney  
Print Name of Owner or Authorized Representative

415-865-6113  
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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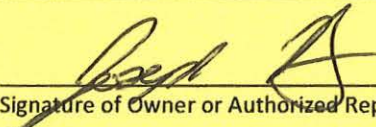
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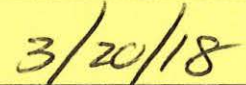
**Legal Owner: JOSEPH P & CANDICE M HARNEY**

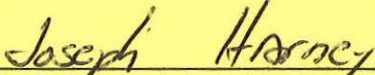
<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3779 029	60 GILBERT	\$1,728.98	0.05%
<b>Totals: \$1,728.98</b>			<b>0.05%</b>

☐ 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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
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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**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: JOSEPH P & CANDICE M HARNEYC/O HC & M

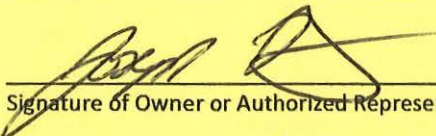
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3779 054	75 VGILBERT	\$384.03	0.01%
Totals: \$384.03			0.01%



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

3/20/18  
Date

Joseph Harney  
Print Name of Owner or Authorized Representative

415-865-6113  
Representative Contact Phone or Email

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SoMa West CBD  
P.O. BOX 410805  
San Francisco, CA 94141-0805  
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**Legal Owner: HESS/SCOTT 1993 TRUST- SURV% GERRIE A SCOTT**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3779 058	65 VGILBERT	\$384.22	0.01%
3779 057	69 VGILBERT	\$384.22	0.01%
<b>Totals: \$768.44</b>			<b>0.02%</b>

☐ 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

3/24/18  
Date

Gerrie A. Scott  
Print Name of Owner or Authorized Representative

415: 863-3308  
Representative Contact Phone or Email

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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**

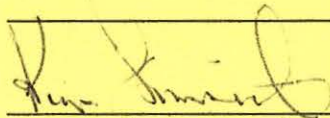
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**Legal Owner: SIMMONITE KEVIN M & MARIA**

<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3779 087	55 BOARDMAN	\$1,346.14	0.04%
<b>Totals: \$1,346.14</b>			<b>0.04%</b>

☐ 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

3-23-2018

Date

Print Name of Owner or Authorized Representative

415-408-6128

Representative Contact Phone 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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**TO ESTABLISH THE**  
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**Legal Owner: CHEUNG CHIH-HUEI & TONG C**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3779 096	15 BOARDMAN	\$1,150.69	0.03%
<b>Totals: \$1,150.69</b>			<b>0.03%</b>

☐ 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.

Chih-Huei Cheung  
Signature of Owner or Authorized Representative

3-14-2018  
Date

Chih-Huei Cheung  
Print Name of Owner or Authorized Representative

tcarchinc@sbcglobal.net  
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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**PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS**  
**TO ESTABLISH THE**  
**SoMa West COMMUNITY BENEFIT DISTRICT**

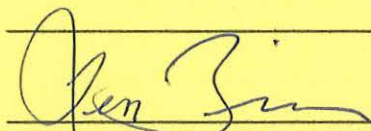
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**Legal Owner: BISS LEONARD NORMAN III**

<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3511 010	158 11TH	\$1,810.94	0.05%
<b>Totals: \$1,810.94</b>			<b>0.05%</b>

☐ 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

April 6, 2018  
Date

Leonard N. Biss III  
Print Name of Owner or Authorized Representative

Lebiss16@gmail.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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**PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS**  
**TO ESTABLISH THE**  
**SoMa West COMMUNITY BENEFIT DISTRICT**

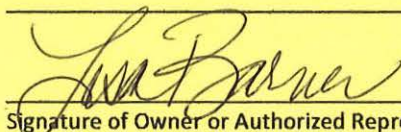
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Legal Owner: CLJ SISTERS LLC

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3514 010	165 SOUTH VAN NESS	\$1,681.39	0.04%
<b>Totals: \$1,681.39</b>			<b>0.04%</b>

☐ 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

3/29/18  
Date

Lisa Barnes  
Print Name of Owner or Authorized Representative

916-759-8500  
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: **JOSEPH P & CANDICE M HARNEY** **JOSEPH P & CANDICE M HARNEY**


APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3516 003	216 11TH	\$1,138.80	0.03%
3516 004	224 11TH	\$1,138.12	0.03%
Totals: \$2,276.92			0.06%



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

3/20/18  
Date

Joseph Harney  
Print Name of Owner or Authorized Representative

415-865-6113  
Representative Contact Phone 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: LUCY RAMIREZ REVOC TR LUCY RAMIREZ

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3517 021	69 KISSLING	\$587.15	0.02%
<b>Totals: \$587.15</b>			<b>0.02%</b>

☐ 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.

Lucy Ramirez  
Signature of Owner or Authorized Representative

3-20-18  
Date

LUCY RAMIREZ  
Print Name of Owner or Authorized Representative

415-830-1146  
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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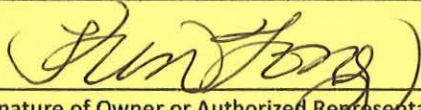
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**Legal Owner: K S FONG FAMILY REVOCABLE TKIN K FONG & SUZY C CHU**

<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3519 046	1379 FOLSOM	\$2,778.58	0.07%
<b>Totals: \$2,778.58</b>			<b>0.07%</b>

☐ 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

4-16-18  
Date

KIN FONG  
Print Name of Owner or Authorized Representative

KIN FONG 888@Gmail  
Representative Contact Phone or Email

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P.O. BOX 410805  
San Francisco, CA 94141-0805  
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**Legal Owner: MATHESON J HENRY & LISILLE**

<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3519 070	83 SHERIDAN	\$740.88	0.02%
<b>Totals: \$740.88</b>			<b>0.02%</b>

☐ 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.

*J. Henry Matheson*  
Signature of Owner or Authorized Representative

3/26/18  
Date

J. Henry Matheson  
Print Name of Owner or Authorized Representative

splinterww@aol.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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**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: GOECKE BENJAMIN J**

<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3519 091	52 SHERIDAN	\$175.17	0.00%
<b>Totals: \$175.17</b>			<b>0.00%</b>

☐ 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

3/23/18  
\_\_\_\_\_  
Date

Benjamin Goetze  
\_\_\_\_\_  
Print Name of Owner or Authorized Representative

robertmilesproperties@gmail.com  
\_\_\_\_\_  
Representative Contact Phone or Email

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P.O. BOX 410805  
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**Legal Owner: GROSSMAN GARY & JUDY REV TR% GARY F & JUDY B GROSSMAN**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3520 020	381 11TH	\$1,129.53	0.03%
<b>Totals: \$1,129.53</b>			<b>0.03%</b>

☐ 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

Date

Print Name of Owner or Authorized Representative

Representative Contact Phone or Email

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P.O. BOX 410805  
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**PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS**  
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**SoMa West COMMUNITY BENEFIT DISTRICT**

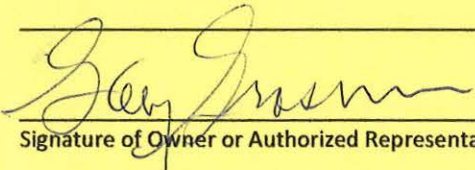
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Legal Owner: **GARY & JUDY REVOCABLE TRUST**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3520 050	50 JUNIPER	\$1,459.89	0.04%
<b>Totals: \$1,459.89</b>			<b>0.04%</b>

☐ 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

\_\_\_\_\_  
Date

**GARY GROSSMAN**  
Print Name of Owner or Authorized Representative

**4/3/18**  
Representative Contact Phone or Email

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P.O. BOX 410805  
San Francisco, CA 94141-0805  
Email: [aaron@urbanplaceconsulting.com](mailto:aaron@urbanplaceconsulting.com)

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Legal Owner: JUNE GOLD LEVY LVG TR JUNE LEVY TRUSTEE

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3520 131	371 SITUS TO BE ASSIGNED	\$1,440.63	0.04%
3729 018	1268 FOLSOM	\$1,581.16	0.04%
Totals: \$3,021.79			0.08%

☐ 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.

June Levy  
Signature of Owner or Authorized Representative

4-15-18  
Date

JUNE LEVY  
Print Name of Owner or Authorized Representative

Richard Gold - 415-7100685  
Representative Contact Phone 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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**PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS**  
**TO ESTABLISH THE**  
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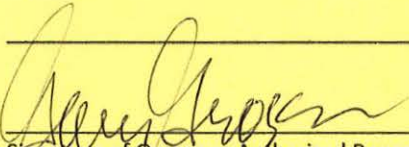
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**Legal Owner: GROSSMAN GARY & JUDY REVOC % R & G GROSSMAN**

<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3521 002	314 11TH	\$1,273.32	0.03%
<b>Totals: \$1,273.32</b>			<b>0.03%</b>

☐ 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

4-2-18  
\_\_\_\_\_  
Date

GARY GROSSMAN  
\_\_\_\_\_  
Print Name of Owner or Authorized Representative

LERERBRO @ AOL.COM  
\_\_\_\_\_  
Representative Contact Phone or Email

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SoMa West CBD  
P.O. BOX 410805  
San Francisco, CA 94141-0805  
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**PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS**  
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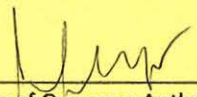
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**Legal Owner: CORBETT JENNIFER R & JILL A**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3521 061	65 NORFOLK	\$171.02	0.00%
		<b>Totals: \$171.02</b>	<b>0.00%</b>

☐ 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

3/16/18  
\_\_\_\_\_  
Date

Jennifer Corbett  
\_\_\_\_\_  
Print Name of Owner or Authorized Representative

jennifer.corbett1977@gmail.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  
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**Legal Owner: SOVIG INVESTMENT CO**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3522 016	1610 HARRISON	\$405.74	0.01%
3522 017	1610 HARRISON	\$1,441.36	0.04%
3779 062	45 GILBERT	\$644.50	0.02%
3522 027	P000	\$317.65	0.01%
3779 078	9 FARGO	\$416.18	0.01%
3779 063	43 GILBERT	\$904.98	0.02%
3779 064	35 GILBERT	\$2,513.85	0.07%
3779 068	35 GILBERT	\$2,624.39	0.07%
3779 075	26 BOARDMAN	\$1,381.97	0.04%
3779 140	19 FARGO	\$1,768.76	0.05%
3779 061	47 GILBERT	\$644.50	0.02%
3779 139	869 BRYANT	\$3,036.27	0.08%
3779 134	859 BRYANT	\$762.95	0.02%
		<b>Totals: \$16,863.11</b>	<b>0.45%</b>

☐ 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Owner or Authorized Representative

\_\_\_\_\_  
Representative Contact Phone or Email

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



**PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS**  
**TO ESTABLISH THE**  
**SoMa West COMMUNITY BENEFIT DISTRICT**

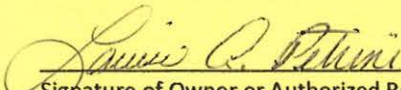
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Legal Owner: LAURIE PETRINI TR      PETRINI LAURIE TRUSTEE

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3522 019	28 13TH	\$997.96	0.03%
3522 026	27 BERNICE	\$467.50	0.01%
<b>Totals: \$1,465.45</b>			<b>0.04%</b>

☐ 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

3-25-2018  
\_\_\_\_\_  
Date

Laurie A. Petrini  
\_\_\_\_\_  
Print Name of Owner or Authorized Representative

\_\_\_\_\_  
Representative Contact Phone or Email

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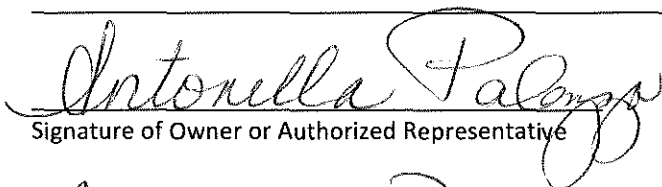
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**Legal Owner: PALAZZO FAMILY TRUST    PALAZZO GIOVANNI & ANTONELL**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3525 006	440 09TH	\$3,930.88	0.10%
<b>Totals: \$3,930.88</b>			<b>0.10%</b>

- ☐ 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

4-19-18  
Date

ANTONELLA PALAZZO  
Print Name of Owner or Authorized Representative

gpalazzo57@gmail.com  
Representative Contact Phone or Email

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**Legal Owner: PENA CARMEN REV INTERV TRUSCARMEN PENA TRUSTEE**

<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3525 033	225 DORE	\$666.23	0.02%
<b>Totals: \$666.23</b>			<b>0.02%</b>

☐ 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.

Carmen Pena  
Signature of Owner or Authorized Representative

3-19-2018  
Date

CARMEN PENA  
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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**PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS**  
**TO ESTABLISH THE**  
**SoMa West COMMUNITY BENEFIT DISTRICT**

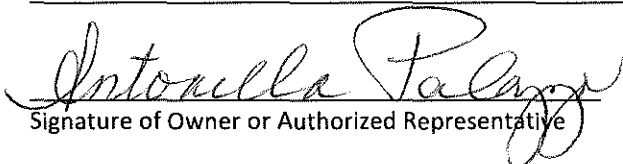
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**Legal Owner: PALAZZO FAMILY TRUST    GIOVANNI & ANTONELLA PALAZZ**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3525 046	0 V	\$904.47	0.02%
<b>Totals: \$904.47</b>			<b>0.02%</b>

☐ 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

4-19-18  
Date

ANTONELLA PALAZZO  
Print Name of Owner or Authorized Representative

apalazzo57@gmail.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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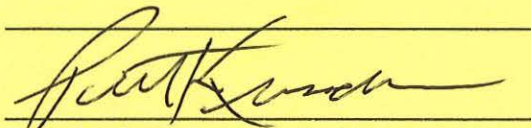
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**Legal Owner: KNADLER PETER G & GAIL P REKNADLER PETER G & GAIL P**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3525 076	1309 HARRISON	\$921.58	0.02%
3525 077	1307 HARRISON	\$447.22	0.01%
Totals: \$1,368.81			0.04%

☐ 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

4/18/18  
Date

Peter Knadler  
Print Name of Owner or Authorized Representative

415-861-0224  
Representative Contact Phone 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: RIDDLE JAMES A

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3726 012	1014 HOWARD	\$1,484.67	0.04%
Totals: \$1,484.67			0.04%

☐ 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.

James A. Riddle  
Signature of Owner or Authorized Representative

4/10/18  
Date

James A. Riddle  
Print Name of Owner or Authorized Representative

~~James A. Riddle~~ jamesariddle@yahoo.com  
Representative Contact Phone or Email

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P.O. BOX 410805  
San Francisco, CA 94141-0805  
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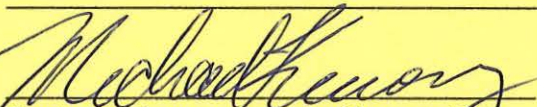
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Legal Owner: KWONG MICHAEL

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3726 018	1040 HOWARD	\$1,389.32	0.04%
<b>Totals: \$1,389.32</b>			<b>0.04%</b>

☐ 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

3-19-18  
Date

  
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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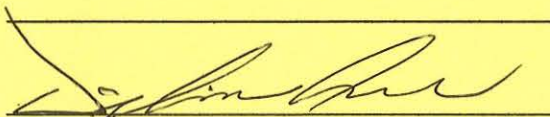
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Legal Owner: SWEET SEASON LLC      WILLIAM CHAN

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3726 021	1054 HOWARD	\$345.60	0.01%
<b>Totals: \$345.60</b>			<b>0.01%</b>

☐ 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

3-27-2018  
Date

WILLIAM CHAN  
Print Name of Owner or Authorized Representative

415 531-8118  
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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**SoMa West COMMUNITY BENEFIT DISTRICT**

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Legal Owner: **SEGOVIA SALVADOR**

APN	Parcel Address(if known)	Parcel Assessment	Parcel %
3754 097	322 06TH	\$229.75	0.01%
3753 130	977 FOLSOM	\$1,027.09	0.03%
<b>Totals: \$1,256.84</b>			<b>0.03 %</b>

☐ 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.

Salvador Segovia  
Signature of Owner or Authorized Representative

Sept. 25, 2018  
Date

SALVADOR SEGOVIA  
Print Name of Owner or Authorized Representative

folsom97@msn.com  
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: MARY JANE NELSON REVOC LVG NELSON MARY JANE TRUSTEE**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3511 043	66 LAFAYETTE	\$555.07	0.01%
<b>Totals: \$555.07</b>			<b>0.01%</b>

☐ 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.

*I am a home owner. I cannot afford to pay any more taxes. I should have the same, clean, safe*

Signature of Owner or Authorized Representative

Date

*Streets as home owners in Pacific Heights.  
Perhaps business owners can bear the cost.*

Print Name of Owner or Authorized Representative

Representative Contact Phone or Email

*I can NOT*

**PLEASE RETURN TO:**

SoMa West CBD

P.O. BOX 410805

San Francisco, CA 94141-0805

Email: aaron@urbanplaceconsulting.com

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*Mary Jane Nelson*



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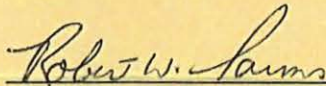
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**Legal Owner: RIGO INDUSTRIAL PROPERTIES**

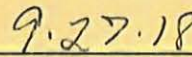
APN	Parcel Address(if known)	Parcel Assessment	Parcel %
3510 020	1488 HOWARD	\$2,468.89	0.07%
3754 015	1020 HARRISON	\$2,901.39	0.08%
Totals: \$5,370.28			0.14%

☐ 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



Date

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](mailto:aaron@urbanplaceconsulting.com)

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**Legal Owner: AU EDDIE & SUSANA**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3784 023	124 GILBERT	\$644.83	0.02%
<b>Totals: \$644.83</b>			<b>0.02%</b>

☐ 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

25 SEP 2018

Date

EDDIE K. An  
Print Name of Owner or Authorized Representative

EDDIEAU@SBCGLOBAL.NET  
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: VILLA SOMA LLC

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3511 018	1550 HOWARD	\$1,547.08	0.04%
Totals: \$1,547.08			0.04%

☐ 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.

Aaron Aulenta  
Signature of Owner or Authorized Representative

2018/09/28  
Date

Villa Soma LLC  
Print Name of Owner or Authorized Representative

650.766.4962  
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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**PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS**  
**TO ESTABLISH THE**  
**SoMa West COMMUNITY BENEFIT DISTRICT**

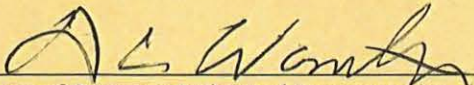
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**Legal Owner: WORTHAM DARRYL L**

<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3753 186	920 HARRISON	\$244.18	0.01%
<b>Totals: \$244.18</b>			<b>0.01%</b>

☐ 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

9/27/18  
Date

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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TO ESTABLISH THE  
SoMa West COMMUNITY BENEFIT DISTRICT**

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Legal Owner: ASCHER DOUGLAS R      % UNIVERSAL LIGHT SOURCE

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3521 031	1553 FOLSOM	\$789.50	0.02%
<b>Totals: \$789.50</b>			<b>0.02%</b>

☐ 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.

*THE BARS & RESTAURANTS ARE THE ATTRACTION FOR MOST  
OF THEIR PATRONS BAD BEHAVIOR & DEBRIS REMAINING*

Signature of Owner or Authorized Representative

Date

DOUG ASCHER  
Print Name of Owner or Authorized Representative

415-8  
Representative Contact Phone or Email

**PLEASE RETURN TO:**  
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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Legal Owner: **KOLSTER ARMAND NOBERT**

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3753 162	281 CLARA	\$233.58	0.01%
<b>Totals: \$233.58</b>			<b>0.01%</b>

☐ 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

\_\_\_\_\_  
OCT 8/18  
Date

\_\_\_\_\_  
ARMAND KOLSTER  
Print Name of Owner or Authorized Representative

\_\_\_\_\_  
415-348-1271  
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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**PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS**  
**TO ESTABLISH THE**  
**SoMa West COMMUNITY BENEFIT DISTRICT**

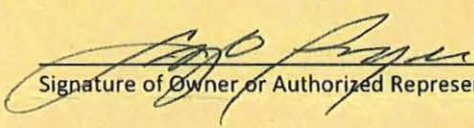
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Legal Owner: **REYES LORENZO B & FLORENCIA**

APN	Parcel Address(if known)	Parcel Assessment	Parcel %
3727 143	180 07TH	\$149.32	0.00%
<b>Totals: \$14932</b>			<b>000 %</b>

☐ 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

10/4/18  
Date

LORENZO REYES  
Print Name of Owner or Authorized Representative

florencia3874@sbcglobal.net  
Representative Contact Phone or Email

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

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TO ESTABLISH THE  
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Legal Owner: HUDSON PETER D

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3784 110	161 GILBERT ST #2 94103	\$251.19	0.01%
Totals: \$251.19			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

Date

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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**SoMa West COMMUNITY BENEFIT DISTRICT**

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Legal Owner: **SWEET SEASON LLC**

<b>APN</b>	<b>Parcel Address (if known)</b>	<b>Parcel Assessment</b>	<b>Parcel %</b>
3726 022	1058 HOWARD	\$3,108.64	0.08%
<b>Totals: \$3,108.64</b>			<b>0.08%</b>

☐ 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

3-27-2018  
Date

WILLIAM CHAN  
Print Name of Owner or Authorized Representative

415 531-8118  
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](mailto:aaron@urbanplaceconsulting.com)

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Legal Owner: REX CHIU HUNG & MAY CHAN CHCHEUNG REX CHIU HUNG & MAY

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3726 038	581 NATOMA	\$879.08	0.02%
<b>Totals: \$879.08</b>			<b>0.02%</b>

☐ 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

3-20-2018  
Date

REX CHEUNG  
Print Name of Owner or Authorized Representative

REKCHEUNG@AOL.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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**Legal Owner: DEKELAITA DANIEL A & ROELFI% DANIEL & ROELFINA DEKELAITA**

<u>APN</u>	<u>Parcel Address (if known)</u>	<u>Parcel Assessment</u>	<u>Parcel %</u>
3726 057	516 NATOMA	\$781.57	0.02%
		<b>Totals: \$781.57</b>	<b>0.02%</b>

☐ 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

3-20-18  
Date

Daniel A DeKelaita  
Print Name of Owner or Authorized Representative

415-759-1814  
Representative Contact Phone or Email

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