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Legal Owner: SH	ORENSTEIN HAYS-NEDERLANDER T		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
0351 -022	1182 MARKET ST	\$39,399.82	1.22%
		Totals: \$39,399.82	1.22%
			-
Yes, I per	tition the Board of Supervisors to initiate sp	ecial assessment proceedings.	
No,1 do	not petition the Board of Supervisors to init	ate special assessment proceedings.	
9			
1	1./11	/ /	
//00	W bollow	04/10/19	
Signature of Own	er of Authorized Representative	Date	
0	01111	1/12 51 2021	ghollond ashnot.com
July Dyy	V. Holland	4/5.531.2071	
Print Name of Ow	vner or Authorized Representative	Representative Contact Phone	or Email

PLEASE RETURN BY APRIL 12, 2019 TO:

Civic Center Community Benefit District 901 Market Street, Suite 490 San Francisco, CA 94103 Email: info@sfciviccenter.org

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Legal Owner: HS	IEH STEPHEN C		
APN	Parcel Address (if known)	Parcel Assessme	nt Parcel %
0351 -066	83 MCALLISTER ST	\$109.19	0.00%
		Totals: \$109.19	0.00%
	tition the Board of Supervisors to initiate spons		5. No!
Signature of Owr	ner or Authorized Representative	3/27/ Date	19
Scen	HENHIEM	STEVEISE	6 GMAIL COM

PLEASE RETURN BY APRIL 12, 2019 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

Civic Center Community Benefit District 901 Market Street, Suite 490 San Francisco, CA 94103 Email: info@sfciviccenter.org

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Legal Owner: MA	ARTINEZ CARLOS A & ABE YUKIKO			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
0351 -093	83-91 MCALLISTER ST		\$171.96	0.01%
		Totals:	\$171.96	0.01%
	tition the Board of Supervisors to initiate sp not petition the Board of Supervisors to init			
02	my		3-24-19	
Signature of Own	ner or Authorized Representative		Date	
Carlos	Martinez	Kai	ruv o <i>s nburauk o Oya</i> entative Contact Phone or Ei	ahoo com
Print Name of Ov	wner or Authorized Representative	Repres	entative Contact Phone or E	mail

PLEASE RETURN BY APRIL 12, 2019 TO:

Print Name of Owner or Authorized Representative

Civic Center Community Benefit District 901 Market Street, Suite 490 San Francisco, CA 94103 Email: info@sfciviccenter.org

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Legal Owner: SA	NTOS NEPTALI & THERESA		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
0351 -094	83 MCALLISTER ST 407	\$174.97	0.01%
		Totals: \$174.97	0.01%
Yes, I pe	tition the Board of Supervisors to initiate sp	ecial assessment proceedings.	
√ No, I do	not petition the Board of Supervisors to init	iate special assessment proceedings.	
A Way	1		
Jahn	t. Alex	. 3/25/14	î
Signature of Own	er or Authorized Representative	Date	
/			
Tima	RISSO SANTES	tafsan	tase YMHOO C
Print Name of Ov	vner or Authorized Representative	Representative Contact Phone of	or Email

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Civic Center Community Benefit District 901 Market Street, Suite 490 San Francisco, CA 94103 Email: info@sfciviccenter.org

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APN	Parcel Address (if known)		Parcel Assessment	Parcel %
0351 -098	83-91 MCALLISTER ST		\$113.49	0.00%
		Totals:	\$113.49	0.00%
	ition the Board of Supervisors to initiate spe			
	ition the Board of Supervisors to initiate spe			
		nte special assess		7

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APN Parcel Address (if known) Parcel Assessment Parcel %
0763 - 012 690 VAN NESS AVE \$3,886.47 0.12%

Totals: \$3,886.47 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

Date

PLEASE RETURN BY APRIL 12, 2019 TO:

Print Name of Owner or Authorized Representative

Civic Center Community Benefit District 901 Market Street, Suite 490 San Francisco, CA 94103 Email: info@sfciviccenter.org

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Legal Owner: KUI	J FAMILY TRUST		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
0768 -028	785 GOLDEN GATE AVE 303	\$330.36	0.01%
		Totals: \$330.36	0.01%
	ition the Board of Supervisors to initiate spenot petition the Board of Supervisors to initi		
É	Me	3/26/19	
Signature of Owner	er or Authorized Representative	Date	
Ellir K			
Print Name of Ow	ner or Authorized Representative	Representative Contact Phone or Er	mail

PLEASE RETURN BY APRIL 12, 2019 TO:

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APN	Parcel Address (if known)	Parcel Assessment	Parcel %
768 -029	785 GOLDEN GATE AVE 304	\$327.80	0.01%
		Totals: \$327.80	0.01%
	ition the Board of Supervisors to initiate spec		
	ition the Board of Supervisors to initiate spec not petition the Board of Supervisors to initiat		
No, I do			

PLEASE RETURN BY APRIL 12, 2019 TO:

Print Name of Owner or Authorized Representative

Representative Contact Phone or Email

Civic Center Community Benefit District 901 Market Street, Suite 490 San Francisco, CA 94103 Email: info@sfciviccenter.org

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APN	Parcel Address (if known)	Parcel Assessment	Parcel %
0768 -034	785 GOLDEN GATE AVE 404	\$327.23	0.01%
		Totals: \$327.23	0.01%
Yes, I pe	tition the Board of Supervisors to initiate spe	ecial assessment proceedings.	
No, I do	not petition the Board of Supervisors to initia	ate special assessment proceedings.	
, 1		1 1.0	
Mr	xnon2x	3/24/19	
Signature of Own	XVXXX	3 24 19 Date	
Signature of Own	er or Authorized Representative	3 24 19 Date	
Signature of Own	er or Authorized Representative	3 24 (19 _{Date}	

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Legal Owner: TH	ADDEUS M TRELA REVOC TRUST			
APN	Parcel Address (if known)	Pa	rcel Assessment	Parcel %
0768 -035	720 GOUGH ST 25	\$2	25.89	0.01%
		Totals: \$2	25.89	0.01%
	ition the Board of Supervisors to initiate special			
No, I do I	not petition the Board of Supervisors to initiate	special assessme	nt proceedings.	
Than	Ideus M. Trela		20.010	7,2018
Signature of Own	er or Authorized Representative		Date	
Thad	Jeas M. Trela			
Print Name of Ow	oner or Authorized Representative	Representa	ative Contact Phone or E	mail

PLEASE RETURN BY APRIL 12, 2019 TO:

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THARDELIC NA TRELA DELVOC TR

APN	Parcel Address (if known)		Parcel Assessment	Parcel %
)768 -044	720 GOUGH ST 44		\$291.15	0.01%
		Totals:	\$291.15	0.01%
Yes, I pet	ition the Board of Supervisors to initiate speci	al assessment	proceedings.	
No, I do r	not petition the Board of Supervisors to initiate	e special assess	sment proceedings.	
Forde	doux M Tools	8431	March 27	2018
Signature of Owner	er or Authorized Representative	- 	Date	, 0010
3				
Thadd	eus M. Trela			
Print Name of Ow	ner or Authorized Representative	Represe	entative Contact Phone or E	mail

PLEASE RETURN BY APRIL 12, 2019 TO:

Civic Center Community Benefit District 901 Market Street, Suite 490 San Francisco, CA 94103 Email: info@sfciviccenter.org

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Legal Owner: AB	SALOS VICTOR			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
0768 -047	720 GOUGH ST 47		\$324.34	0.01%
			aki bishmus k	
		Totals:	\$324.34	0.01%
No, I do	not petition the Board of Supervisors to init	iate special assess	ment proceedings.	
Signature of Own	ar or Authorized Representative		3-29-19 Date	
Victe	or Abalos	VQ	S7200 RGMA	IL.COM

PLEASE RETURN BY APRIL 12, 2019 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

Civic Center Community Benefit District 901 Market Street, Suite 490 San Francisco, CA 94103 Email: info@sfciviccenter.org

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APN	Parcel Address (if known)	<u> </u>	Parcel Assessment	Parcel %
0768 -066	720 GOUGH ST 59		\$301.55	0.01%
		Totals:	\$301.55	0.01%
Yes, I peti	ition the Board of Supervisors to initiate spe	cial assessment	proceedings.	
	ition the Board of Supervisors to initiate spenot petition the Board of Supervisors to initia			
No, I do r				

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The full Civic Center CBD Management Plan and Engineer's Report can be found at http://www.sfciviccenter.org. For more information regarding formation of the Civic Center CBD, or if you believe any of the information stated in this petition is incorrect, please contact the Civic Center CBD at info@sfciviccenter.org.

Spending precious dollars for clean up is never ending & Useless in San Francisco. It must be addressed by those creating the need for constant cleanup! (3)

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APN	Parcel Address (if known)		Parcel Assessment	Parcel %
)768 -069	720 GOUGH ST 69		\$227.88	0.01%
		Totals:	\$227.88	0.01%
	tition the Board of Supervisors to initiate spec not petition the Board of Supervisors to initia			
A ou ce	- Kolo me cee		3 30 19	<u> </u>
Signature of Owr	ner or Authorized Representative		3 30 19 Date	<u>?</u>
A oy ce Signature of Owr	ner or Authorized Representative KOLOMYSEC	_	3 30 19 Date	i .

PLEASE RETURN BY APRIL 12, 2019 TO:

Civic Center Community Benefit District 901 Market Street, Suite 490 San Francisco, CA 94103 Email: info@sfciviccenter.org

- 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 "Civic Center CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the Civic Center CBD* (hereafter "Plan").
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Legal Owner: Wi	RAPE C WAYNE & WONG HARRY			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
0768 -071	785 GOLDEN GATE AVE 405		\$327.23	0.01%
		Totals:	\$327.23	0.01%
	tition the Board of Supervisors to initiate special not petition the Board of Supervisors to initiate s			
	vner or Authorized Representative	Repres	3/22/19 Date 3/32/19 entative Contact Phone or Email	
			1 6	

PLEASE RETURN BY APRIL 12, 2019 TO:

Civic Center Community Benefit District 901 Market Street, Suite 490 San Francisco, CA 94103

Email: info@sfciviccenter.org

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Legal Owner: RC	DDRIGUEZ OLGA R		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
0785 -129	388 FULTON ST 609	\$91.93	0.00%
		Totals: \$91.93	0.00%
	etition the Board of Supervisors to initiate spont not petition the Board of Supervisors to initiate		
Signature of Owr	her or Authorized Representative	04/05/19 Date	
Print Name of Ov	Record Vez wner or Authorized Representative	Representative Contact Phone or E	mail com

PLEASE RETURN BY APRIL 12, 2019 TO:

Civic Center Community Benefit District 901 Market Street, Suite 490 San Francisco, CA 94103 Email: info@sfciviccenter.org

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Legal Owner: M	ARY ELLEN EDINGTON REVOC TRUS		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
0809 -037	342 HAYES ST G	\$226.58	0.01%
Yes, I pe	etition the Board of Supervisors to initiate special not petition the Board of Supervisors to initiate	al assessment proceedings.	J-Drugset
Signature of Own	ner or Authorized Representative	april 9, 20 Date	019
Print Name of O	M SUZN EDINGAN wner or Authorized Representative	Representative Contact Phone or Em	79 nail

PLEASE RETURN BY APRIL 12, 2019 TO:

Civic Center Community Benefit District 901 Market Street, Suite 490 San Francisco, CA 94103 Email: info@sfciviccenter.org

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Legal Owner: LEE	FAMILY TRUST		
APN	Parcel Address (if known)	Parcel Assessment Parcel %	
0816 -014	347-351 HAYES ST	\$1,782.28 0.06%	
		Totals: \$1,782.28 0.06%	
Yes, I pet	tition the Board of Supervisors to initi	ate special assessment proceedings.	
No, I do	not petition the Board of Supervisors	to initiate special assessment proceedings.	4
Cost Is	APPROX. 3 TIMES	PREVIOUS COST, AND 15 YEARS IS TOO LON	G
Danie	l J. Lee TTE	4-5-2019	
	er or Authorized Representative	Date	
	FAMILY TRUST	1-408-268-0926	
Print Name of Ow	vner or Authorized Representative	Representative Contact Phone or Email	

PLEASE RETURN BY APRIL 12, 2019 TO:

Civic Center Community Benefit District 901 Market Street, Suite 490 San Francisco, CA 94103 Email: info@sfciviccenter.org

The full Civic Center CBD Management Plan and Engineer's Report can be found at http://www.sfciviccenter.org. For more information regarding formation of the Civic Center CBD, or if you believe any of the information stated in this petition is incorrect, please contact the Civic Center CBD at info@sfciviccenter.org.

* I WOULD SUPPORT A 10-YEAR PERIOD AND 50% INCREASE
FROM PERIOD

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Legal Owner: DIG	GIORNO JERETE			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
0816 -015	335 HAYES ST		\$2,197.11	0.07%
		Totals:	\$2,197.11	0.07%
Vos I not	tition the Board of Supervisors to initiate sp	acial assessment	nroceedings	
res, i per	illion the Board of Supervisors to initiate sp	eciai assessifient	proceedings.	
No, I do	not petition the Board of Supervisors to init	iate special assess	sment proceedings.	
	<i>M</i>			
litt	A cond for Alabor		3/27/2019	
775-17	er or Authorized Representative			
Signature of Own	er or Authorized Representative		Date	
Mark M	IcNee	4	115.967.2637	
Print Name of Ow	vner or Authorized Representative	Repres	entative Contact Phone or E	mail

PLEASE RETURN BY APRIL 12, 2019 TO:

Civic Center Community Benefit District 901 Market Street, Suite 490 San Francisco, CA 94103 Email: info@sfciviccenter.org

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APN	Parcel Address (if known)		Parcel Assessment	Parcel %
0816 -024	282-284 LINDEN ST		\$540.10	0.02%
		Totals:	\$540.10	0.02%
No, I do	not petition the Board of Supervisors to initi	ate special assess	ment proceedings.	
Mesal	Barlami.	221	March Loig	?
Algali Signature of Own	Badaua ecor Authorized Representative	22/	March troig	?
Signature of Own	Padauri er or Authorized Representative	22/	March 12019 Date 16	7

PLEASE RETURN BY APRIL 12, 2019 TO:

Civic Center Community Benefit District 901 Market Street, Suite 490 San Francisco, CA 94103 Email: info@sfciviccenter.org

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Legal Owner: Gl	JTHRIDGE KARSTEN			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
0816 -068	234 LINDEN ST		\$328.05	0.01%
				2000
		Totals:	\$328.05	0.01%
	etition the Board of Supervisors to initiate spe not petition the Board of Supervisors to initia			
Signature of Own	ner or Authorized Representative	3/	21/19 Date	
KARTEN	SMAHOUR	KAR	STIP SWIC, N	JET

PLEASE RETURN BY APRIL 12, 2019 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

Civic Center Community Benefit District 901 Market Street, Suite 490 San Francisco, CA 94103 Email: info@sfciviccenter.org

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APN	Parcel Address (if known)		Parcel Assessment	Parcel %
0816 -103	240 LINDEN ST		\$331.34	0.01%
		Totals:	\$331.34	0.01%
Yes, I pe	tition the Board of Supervisors to initiate spec	cial assessment	proceedin <mark>gs.</mark>	
	tition the Board of Supervisors to initiate spec not petition the Board of Supervisors to initia			

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		CENTED FOR	INITEDNIATIO
Legal Owner:	NATIONAL	CENTER FOR	INTERNATIO

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
0833 -003	131-150 OAK ST	\$26,788.08	0.83%
0833 -015	230 FELL ST	\$4,151.77	0.13%
0837 -067	129 OAK ST	\$7,480.70	0.23%
		Totals: \$38,420.55	1.19%

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

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

Signature of Owner or Authorized Representative

Print Name of Owner or Authorized Representative

Date

415-865-6040 danielo noisstorg Representative Contact Phone or Email

PLEASE RETURN BY APRIL 12, 2019 TO:

Civic Center Community Benefit District 901 Market Street, Suite 490 San Francisco, CA 94103 Email: info@sfciviccenter.org

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Logal Owner: GOLIGH & FELL LIC

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
0833 -014	230-298 GOUGH ST	\$3,675.36	0.11%
		Totals: \$3,675.36	0.11%
Yes, I pe	tition the Board of Supervisors to initiate spe	cial assessment proceedings.	
No, I do	not petition the Board of Supervisors to initi	ate special assessment proceedings.	
Th			
1	mentoer-Gova	3 75 Fell, LC 3 75	7019.
Signature of Own	er or Authorized Representative	Date	
100/8	Elicion -	415-61	3.7195
Print Name of Ov	whor or Authorized Representative	Representative Contact Phon	

PLEASE RETURN BY APRIL 12, 2019 TO:

Civic Center Community Benefit District 901 Market Street, Suite 490 San Francisco, CA 94103 Email: info@sfciviccenter.org

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Legal Owner: EX	KEMPT TRUST THE			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
0834 -008	110 FRANKLIN ST		\$6,004.64	0.19%
		Totals:	\$6,004.64	0.19%
	etition the Board of Supervisors to initiate spe			
Signature of Ow	ner or Authorized Representative	<u> </u>	3 2 19 Date	
Emily Jane Print Name of O	wher or Authorized Representative	 Repres	entative Contact Phone or Er	nail

PLEASE RETURN BY APRIL 12, 2019 TO:

Civic Center Community Benefit District 901 Market Street, Suite 490 San Francisco, CA 94103 Email: info@sfciviccenter.org

FELL STREET SAYS MO

PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO RENEW AND EXPAND THE CIVIC CENTER COMMUNITY BENEFIT DISTRICT

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JOKE

The full Civic Center CBD Management Plan and Engineer's Report can be found at http://www.sfciviccenter.org. For more information regarding formation of the Civic Center CBD, or if you believe any of the information stated in this petition is incorrect, please contact the Civic Center CBD at info@sfciviccenter.org.

I WILL PETITION EVERYONE I UN ALAMIT THE REHEWAL TOTAL BOUNDOUGHS

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Legal Owner: LA	ROSE RICHARD MICHAEL		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
0834 -047	77 VAN NESS AVE #506	\$146.29	0.00%
		Totals: \$146.29	0.00%
Yes, I pe	etition the Board of Supervisors to initiate speci	al assessment proceedings.	
No, I do	not petition the Board of Supervisors to initiate	e special assessment proceedings.	
7			
DI	P = P	3/20/19	
Cianatura of Our	and an Authorized Donascontative		
	ner or Authorized Representative	Date	
Richas			

PLEASE RETURN BY APRIL 12, 2019 TO:

Print Name of Owner or Authorized Representative

Representative Contact Phone or Email

Civic Center Community Benefit District 901 Market Street, Suite 490 San Francisco, CA 94103 Email: info@sfciviccenter.org

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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: YAI	NG SHUCHUN				
APN	Parcel Address (if known)		Parcel Assessment	Parcel %	<u>6</u>
0837 -108	11 FRANKLIN ST 305		\$112.53	0.00%	
		Totals:	\$112.53	0.00%	
	rition the Board of Supervisors to initiate spe			by correpanies	should pa
Ohn	7	03	12012019		
Signature of Own	er or Authorized Representative		Date		
Shuch	n (av	yar	igshuchun 2:	s) grail. co	~

PLEASE RETURN BY APRIL 12, 2019 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

Civic Center Community Benefit District 901 Market Street, Suite 490 San Francisco, CA 94103 Email: info@sfciviccenter.org

- 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 "Civic Center CBD" or "District"), the boundaries of which are shown on the attached map and in the Management Plan for the Civic Center 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, 2019 June 30, 2034). Expenditure of those collected assessments for up to 6 months after the end of the assessment collection period (December 31, 2034), at which point the District would terminate if not renewed.
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Lacal Owner CHANAHAN CUDICTORUED

APN	Parcel Address (if known)	Parcel Assessmen	t Parcel %
0854 -035	55 PAGE ST 315	\$124.49	0.00%
		Totals: \$124.49	0.00%
Yes, I pet	ition the Board of Supervisors to initiate spe	cial assessment proceedings.	
No, I do r	not petition the Board of Supervisors to initia	te special assessment proceedings.	
Ch	The	3/20/20)19
	er or Authorized Representative	3/20/20 Date	0 9
Signature of Owner		3/20/20 Date CShgnghan Representative Contact Ph	

PLEASE RETURN BY APRIL 12, 2019 TO:

Civic Center Community Benefit District 901 Market Street, Suite 490 San Francisco, CA 94103 Email: info@sfciviccenter.org

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Legal Owner: LIN	IG CHOOI CHOOI		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
0854 -148	31 PAGE ST 206	\$161.46	0.00%
		Totals: \$161.46	0.00%
Yes, I per	tition the Board of Supervisors to initiate sp	ecial assessment proceedings.	
No, I do	not petition the Board of Supervisors to init	iate special assessment proceedings.	
00.4	20 (200)	APR. 10.19	
Signature of Own	er or Authorized Representative	Date	
CHOOL	CHOOI LING	lingsallie Q.	yahoo com

PLEASE RETURN BY APRIL 12, 2019 TO:

Print Name of Owner or Authorized Representative

Representative Contact Phone or Email

Civic Center Community Benefit District 901 Market Street, Suite 490 San Francisco, CA 94103 Email: info@sfciviccenter.org

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0.00%
0.00%
OR A PARK
OR A PARK
19

PLEASE RETURN BY APRIL 12, 2019 TO:

Civic Center Community Benefit District 901 Market Street, Suite 490 San Francisco, CA 94103 Email: info@sfciviccenter.org