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Legal Owner: CITY PROPERTY

APN	Parcel Address (if known)		Parcel Assessment	Parcel %
0351 -039	1122 MARKET ST		\$5,683.21	0.18%
0351 -041	1122 V		\$1,397.71	0.04%
0351 -046	1130 MARKET ST		\$20,881.98	0.64%
0351 -049			\$11,111.15	0.34%
0787 -001	1 DR CARLTON B GOODLETT PL		\$262,269.21	8.09%
0811 -016	155 GROVE ST		\$5,211.21	0.16%
0811 -019	240 VAN NESS AVE		\$6,590.18	0.20%
0811 -021	165 GROVE ST		\$4,660.38	0.14%
0812 -001			\$146,892.12	4.53%
			*	
		Totals:	\$464,697.15	14.34%

Yes, I petition the Board of Supervisors to initiate sp	oecial assessment proceedings.
No, I do not petition the Board of Supervisors to ini	tiate special assessment proceedings.
LodnBreed	4/26/19
Signature of Owner or Authorized Representative	Date
London Breed	
Print Name of Owner 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: CITY	AND COUNTY OF SAN FRANCISCO		*
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3506 -001	1 S VAN NESS AVE	\$59,727.06	1.84%
		Totals: \$59,727.06	1.84%
Yes, I peti	tion the Board of Supervisors to initiate sp	ecial assessment proceedings.	+
No, I do n	ot petition the Board of Supervisors to init	ate special assessment proceedings.	*
Fred	n Sued	4)26/19	. ·
Signature of Owne	r or Authorized Representative	Date	
Londo	on Breed		
Print Name of Owr	ner or Authorized Representative	Representative Contact Phone or	Email

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Totals: \$250,191.02  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.  4/26/19	APN	Parcel Address (if known)	Parcel Assessment	Parcel %
Yes, I petition the Board of Supervisors to initiate special assessment proceedings.  No, I do not petition the Board of Supervisors to initiate special assessment proceedings.  4/26/19  Signature of Owner or Authorized Representative  Date	0788 -001	, a. co. , a. a. co. (i. a. co. )		7.72%
No, I do not petition the Board of Supervisors to initiate special assessment proceedings.  Label Breed Signature of Owner or Authorized Representative  Date			Totals: \$250,191.02	7.72%
No, I do not petition the Board of Supervisors to initiate special assessment proceedings.  Los Breed  Signature of Owner or Authorized Representative  Date	Yes, I po	etition the Board of Supervisors to initiate sp	ecial assessment proceedings.	
Lolu Breed  Gignature of Owner or Authorized Representative  Date	=			
	La	In Breed	4/26/19	
London Breed	Signature of Ow	ner or Authorized Representative	Date	THE
London Breed	, ,			
Print Name of Owner or Authorized Representative Representative Contact Phone or Email	Lond	on Breed		

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Legal Owner: SFO	CC-CITY PROPERTY			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
0354 -001	100 LARKIN ST		\$138,067.81	4.26%
		Totals:	\$138,067.81	4.26%
	tition the Board of Supervisors to initiate spont petition the Board of Supervisors to init			
Ind	m Breed	L	1/26/19	
Signature of Own	er or Authorized Representative		Date	
Lone	don Breed			
	vner or Authorized Representative	Represe	ntative Contact Phone or E	mail

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Legal Owner: CC	SF - REAL ESTATE DIVISION		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
0834 -004	11-35 VAN NESS AVE	\$18,031.02	0.56%
		Totals: \$18,031.02	0.56%
Yes, I pe	tition the Board of Supervisors to initiate sp	ecial assessment proceedings.	
No, I do	not petition the Board of Supervisors to init	ate special assessment proceedings.	
-			
find	nbud	4/26/19	
Signature of Own	ner or Authorized Representative	Date	
London	Breed		
Print Name of Ov	wner or Authorized Representative	Representative Contact Phone or	Email

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Legal Owner: SF	CC (DPIVI)						
APN	Parcel A	ddress (if known)		Parcel Assessment		Parcel %	
0811 -001				\$44,938.58		1.39%	
			Totals:	\$44,938.58		1.39%	
Yes, I pe	tition the Board o	Supervisors to initiate sp	pecial assessment p	proceedings.		10	
No, I do	not petition the B	oard of Supervisors to ini	tiate special assess	ment proceedings.			
fro	h Bree			4/26/19	,		
Signature of Own	ner or Authorized F	epresentative		Date			
Lon	don 1	reed		6	9.		
Print Name of Ov	wner or Authorized	Representative	Represe	entative Contact Phone	or Email		

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Legal Owner: CITY PROPERTY (WM)

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
0786A -001	301 VAN NESS AVE	\$110,377.87	3.41%
0810 -001	270-290 HAYES ST	\$55,122.81	1.70%
		Totals: \$165,500.68	5.11%

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

Hancy H. Bechtle, President War-Memorial Board of Trustees

Print Name of Owner or Authorized Representative

Date

Representative Contact Phone or Email

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Legal Owner: CALDWELL-BLANEY FMLY TR

APN	Parcel Address (if known)	Parcel Assessme	ent Parcel %
0816 -021	261-267 LINDEN ST	\$890.14	0.03%
		Totals: \$890.14	0.03%
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 initi	ate special assessment proceeding	gs.
No, I do r	not petition the Board of Supervisors to initi	ate special assessment proceeding	gs.
No, I do r	not petition the Board of Supervisors to initi	ate special assessment proceeding $4/4/2a$	25. 
_ \begin{align*}	not petition the Board of Supervisors to initi	ate special assessment proceeding  4/4/2	95. US
_ \begin{align*}	n (aldure)	4/4/20 Date	<i>0</i> (9
	n (aldure)	4/4/20 Date 415-203-626	S phicaldwells for Phone or Email . w

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Legal Owner: PE	LKA JOHN G		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
0816 -025	282 LINDEN ST	\$873.61	0.03%
		Totals: \$873.61	0.03%
and the same of th	not petition the Board of Supervisors to initiate sp		
Signature of Own	ner or Authorized Representative	3/27/19 Date	
John	Pelica where or Authorized Representative	Representative Contact Phone of	mail. Com or Email

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Legal Owner: CALDWELL-BLANEY FMLY REVOCTR

APN	Parcel Address (if known)	Parcel Assessmen	nt Parcel %
0816 -020		\$795.66	0.02%
		Totals: \$795.66	0.02%
	petition the Board of Supervisors to initiate spe do not petition the Board of Supervisors to initi		
	/		
Signature of C	Owner or Authorized Representative	4/4/2019 Date	<del>j</del>
	Ohn Caldwell  Owner or Authorized Representative	415-203 Representative Contact Pl	hone or Email / Dha caldwellst

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Legal Owner: FO	G CITY PROPERTY LLC		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
0834 -149	77 VAN NESS AVE #203	\$308.46	0.01%
		Totals: \$308.46	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	late special assessment proceedings.	
1		THE RESERVE OF THE PARTY OF THE	
An	1) 8=	4-3-19	
Signature of Own	ner or Authorized Representative	Date	
1/-			
1/ Jan	nes Stearns	415-359-5	014
Print Name of Ov	vner or Authorized Representative	Representative Contact Phor	ne or Email

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Legal Owner: RA	JENDRAM NICHOLAS		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
0834 -078	77 VAN NESS AVE #807	\$168.81	0.01%
		Totals: \$168.81	0.01%
	tition the Board of Supervisors to initiate sp		
Signature of Oyr	er or Authorized Representative	April 11, 2019 Date	
NI CHOLA	S RAT	NICHOLAS. PAJEND Representative Contact Phor	BAM @ 6MAIL.(ON

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APN	Parcel Address (if known)		Parcel Assessment	Parcel %
0834 -059	77 VAN NESS AVE #608		\$199.01	0.01%
		Totals:	\$199.01	0.01%
Yes, I pe	tition the Board of Supervisors to initiate spe	cial assessment	proceedings.	
No, I do	not petition the Board of Supervisors to initia	ite special assess	sment proceedings.	
		<u> </u>		
My Se	chla		4-10.19	
	Chlaner or Authorized Representative		<b>4-10.19</b> Date	
Signature of Own	ner or Authorized Representative		Date	
Signature of Own		Me		D z mai). e

#### 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 Community Benefit District" (hereafter "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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LO DEDINIALATALIEN

Legal Owner: RE	PIN NATALIE V		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
0351 -075	83 MCALLISTER ST 301	\$197.75	0.01%
		Totals: \$197.75	0.01%
	etition the Board of Supervisors to initiate spents on the Board of Supervisors to initi		
	ner or Authorized Representative	April 10,	2019
NA+A(i	e V Repin	natalierpina Representative Contact Pho	netscape.net

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Legal Owner: BAXTER JENNIFER

APN	Parcel Address (if known)	<u> </u>	Parcel Assessment	Parcel %
0768 -041	720 GOUGH ST 41		\$336.73	0.01%
		Totals:	\$336.73	0.01%
	etition the Board of Supervisors to initiate sponot petition the Board of Supervisors to init			
Jenn	ufu Buxten		4/8/19	
	net or Authorized Representative  FER BAXTER		Date	aslocatobal. Net

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APN	Parcel Address (if known)		Parcel Assessment	Parcel %
0816 -071	233 FRANKLIN ST #202		\$209.44	0.01%
		Totals:	\$209.44	0.01%
	tition the Board of Supervisors to initiate spe not petition the Board of Supervisors to initi			
			3-20-19	
1			/ -	
Signature of Own	er or Authorized Representative		Date	
_			•	
Signature of Own			•	

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Legal Owner: SAI	LIMAN BRIAN L		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
0785 -095	388 FULTON ST 402	\$195.66	0.01%
		Totals: \$195.66	0.01%
	tition the Board of Supervisors to initiate spont petition the Board of Supervisors to init		
Signature of Own	er or Authorized Representative	4/5/19 Date	
Brian Print Name of Ow	Swimmy vner or Authorized Representative	brian Salionan @ Representative Contact Phone or	

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Legal Owner: M	CBIRNEY REVOCABLE LIVING TRUS			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
0816 -096	233 FRANKLIN ST #502		\$214.36	0.01%
		Totals:	\$214.36	0.01%
Yes, I pe	tition the Board of Supervisors to initiate spo	ecial assessment p	proceedings.	
	not petition the Board of Supervisors to initi			
140,140	not petition the board of supervisors to find	ate special assess	Sincing procedurings.	
-01			[0]	
Juh	Buy		4/8/19	
Signature of Owr	ner or Authorized Representative		Date	Marie Talk
			1.	
John B	. McBirney	0	CIDION @ MICHIE	IN OLL COMA
Print Name of Ov	PICONTING		rjohn@mchir entative Contact Phone or Er	1169,000

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APN	Parcel Address (if known)	Parcel Assessme	ent Parcel %
0809 -061	240 IVY ST	\$221.64	0.01%
		Totals: \$221.64	0.01%
Yes, I pe	tition the Board of Supervisors to initiate spo	ecial assessment proceedings.	
No, I do	not petition the Board of Supervisors to initi	ate special assessment proceeding	s.
	2		
2/2	Dille	47/	19
Signature of Own	er or Authorized Representative	Į Dat <b>∉</b>	
MARIO	DEPALMA	mdp@mario	depalma.com
Print Name of Ov	vner or Authorized Representative	Representative Contact F	Phone or Email

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

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Legal Owner: MERCHANT KUNAL **Parcel Assessment** APN Parcel Address (if known) Parcel % 55 PAGE ST 820 \$248.14 0.01% 0854 - 135 Totals: \$248.14 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 KKM Ø1 67 @GMAIL. COM KUNAL MERCHANT Print Name of Owner or Authorized Representative

#### PLEASE RETURN BY APRIL 12, 2019 TO:

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 Assessm	ent Parcel %
0834 -044	77 VAN NESS AVE #503	\$199.18	0.01%
		Totals: \$199.18	0.01%
	etition the Board of Supervisors to initiate spe		
No, I do	not petition the Board of Supervisors to initi	ate special assessment proceeding	gs.
,	7 0		
19/1		2019-04	(-0)
Signature of Owi	ner or Authorized Representative	2019-04 Date	1-02
			1-62
	ner or Authorized Representative		

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Legal Owner: TIC	CHY ANDREA L		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
0809 -040	342 HAYES ST J	\$162.44	0.01%
		Totals: \$162.44	0.01%
	not petition the Board of Supervisors to initiate spo		
Mol. Signature of Owr	M D Anner or Authorized Representative	4/3/2019 Date	
ANDR	EA TICHY wher or Authorized Representative	andrea_86426  Representative Contact Phone or En	

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APN	Parcel Address (if known)		Parcel Assessment	Parcel %
0785 -078	388 FULTON ST 213		\$186.62	0.01%
		Totals:	\$186.62	0.01%
Yes, I pe	tition the Board of Supervisors to initiate spe	cial assessment	proceedings.	
No. I do	not petition the Board of Supervisors to initia	ate special assess	sment proceedings.	
	1111		yy(	
	- VIII		4/1/2018/14	
Signature of Own	er or Authorized Representative	The second	Date	= 5.341=4
	Yu san		415 7226096	
Print Name of Ov	vner or Authorized Representative	Represe	entative Contact Phone or En	nail

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Legal Owner: PE	RTSEL SHIMON & BELLA			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
0768 -053	720 GOUGH ST 53		\$291.15	0.01%
		Totals:	\$291.15	0.01%
	etition the Board of Supervisors to initiate speci-			
Signature of Own	ner or Authorized Representative		03/21/20 Date	215
SHI	TMON PERTSEL	S	pertsel 6 ya	hod.com
Print Name of O	wner or Authorized Representative	Represei	ntative Contact Phone or E	mail

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Legal Owner: ARROTT FLIZARETH C & DON P

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
0809 -044	342 HAYES ST N	\$166.37	0.01%
		Totals: \$166.37	0.01%
Yes, I pet	ition the Board of Supervisors to initiate sp	ecial assessment proceedings.	
=			
No. I do i	not petition the Board of Supervisors to init	ate special assessment proceedings	
		ate special assessment proceedings.	
		ate special assessment proceedings.	<u>Le dici</u>
			19
		March 25, 20.	19
	l C. Abbatt er or Authorized Representative		19
Elizabeth Signature of Own			19

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APN	Parcel Address (if known)	Par	cel Assessment	Parcel %
0854 -026	55 PAGE ST 223	\$20	03.16	0.01%
		Totals: \$20	03.16	0.01%
Yes I net	ition the Board of Supervisors to initiate spe	ecial assessment proce	eedings.	
103,1 per	The Board of Supervisors to initiate spec			
No, I do	not petition the Board of Supervisors to initi	ate special assessmen	nt proceedings.	
	Δ.			
Mill	R. Mt	. 3/2	1/19	
Signature of Own	er or Authorized Representative		Date	
	Norman	MAOM	iant e hotnai	! Can
Print Name of Ow	ner or Authorized Representative	Representat	tive Contact Phone or E	mail

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egal Owner: KA	THERINE G JOHNSON LVG TR		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
768 -039	720 GOUGH ST 29	\$301.55	0.01%
		Totals: \$301.55	0.01%
Yes, I pe	tition the Board of Supervisors to initiate spec	ial assessment proceedings.	
No, I do	not petition the Board of Supervisors to initiat	e special assessment proceedings.	
//)	0.0 -1	0.11	. 0
ather	er of Authorized Representative	20 Mar, 20	19
		Date	
Kathe	rine G. Johnson	415 861-1480	)

#### 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

- 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 Community Benefit District" (hereafter "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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APN	Parcel Address (if known)	Parcel Assessment	Parcel %
0351 -052	91 MCALLISTER ST	\$194.31	0.01%
0351 -053	87 MCALLISTER ST	\$481.05	0.01%
		Totals: \$675.36	0.02%
	ition the Board of Supervisors to initiate speci		

#### PLEASE RETURN BY APRIL 12, 2019 TO:

415-394-7027

Representative Contact Phone or Email

John River

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

#### PLEASE RETURN BY APRIL 12, 2019 TO:

Civic Center Community Senefit 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.

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

- We are the owner(s) of property, or are authorized to represent the owner(s), within the proposed special assessment district to be named the "Civic Center Community Benefit District" (hereafter "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: AO	BERT B ANDERSON REVOCEVG TR			
APN	Parcel Address (if Imoun)		Partel Assessment	Connect of
0834 -058	77 VAN NESS AVE #607		\$170.90	0.01%
		Totals:	\$170.90	0.01%
Yes I peti	tion the Board of Supervisors to initiate sp	oedal assessment p	roceedings.	
No, I do n	ot petition the Board of Supervisors to init	liate special assess	ment processings	
			and the second second	
Ass. A	Anderson			
Enature of Owner	or Authorized Representative		4-10-19	
_	•		Date	
Robert	Anteron		bbike @ aol	) .
mot Name of Cum	er or Authorized Representative		13618-6 16 401	· Cm
ATTENDED	er in varianisen kebissettigike	Represe	vative Contact Phone or Em	a i

- 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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	Parcel Address (if known)		Parcel Assessment	Parcel %
3508 -001	1301-1363 MARKET ST		\$68,445.30	2.11%
		Totals:	\$68,445.30	2.11%
Yes, I petit	tion the Board of Supervisors to initiate spe	cial assessment p	roceedings.	
No, I do no	ot petition the Board of Supervisors to initia	ite special assessi	ment proceedings.	
		The second second		
Coulded Bras	Paul W. Grafft		ulalia	

#### 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 Community Benefit District" (hereafter "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: TEN	ITH & MARKET LLC			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
3507 -041	1401 MARKET ST		\$66,383.39	2.05%
		Totals:	\$66,383.39	2.05%
	ition the Board of Supervisors to initiate spe			
adan 7	intelling	04	1/09/2019	
Signature of Own	er or Authorized Representative		Date	
Adam Tartak	kovsky	atart	akovsky@crescenthe	iahts.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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Legal Owner: 10 SVN LLC APN Parcel Address (if known) **Parcel Assessment** Parcel % 0.09% 3506 -003A **80 S VAN NESS AVE** \$3,007.41 3506 -004 12-50 S VAN NESS AVE \$26,939.61 0.83% Totals: \$29,947.02 0.92% 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. 04/09/2019 Date Signature of Owner or Authorized Representative atartakovsky@crescentheights.com Adam Tartakovsky Representative Contact Phone or Email Print Name of Owner or Authorized Representative

#### 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: STRADA BRADY LLC

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
3505 -001	1601-1605 MARKET ST	\$7,907.15	0.24%
3505 -007		\$925.41	0.03%
3505 -008	1125 STEVENSON ST	\$1,850.83	0.06%
3505 -032	1629-1645 MARKET ST	\$11,703.46	0.36%
3505 -033	1615-1617 MARKET ST	\$4,980.08	0.15%
3505 -033A	1613 MARKET ST	\$1,741.75	0.05%
		Totals: \$29,108.68	0.90%

Yes, I petition the Board of Supervisors to initiate special as:	sessment proceedings.
No, I do not petition the Board of Supervisors to initiate spe	cial assessment proceedings.
meal	4/3/2019
Signature of Owner or Authorized Representative	Date

Print Name of Owner or Authorized Representative

Representative Contact Phone or Email

415-272-4387

#### 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 %
0814 -014	150 VAN NESS AVE		\$15,520.56	0.48%
0814 -015	155 HAYES ST		\$9,902.51	0.31%
		Totals:	\$25,423.07	0.78%
No, I do no	ot petition the Board of Supervisors to initi	ate special assess	sment proceedings.	
No, I do no	ot petition the Board of Supervisors to initi	ate special assess	sment proceedings.	
No, I do no	ot petition the Board of Supervisors to initi	ate special assess	sment proceedings.  A / / / 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

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Legal Owner: 10	O VAN NESS ASSOCIATES LLC			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
0814 -020	100-108 VAN NESS AVE		\$24,877.29	0.77%
		Totals:	\$24,877.29	0.77%
Yes, I pe	etition the Board of Supervisors to initiate special ass	essment	proceedings.	
<u> </u>	not petition the Board of Supervisors to initiate spec			
<i></i>			A/1/19	
Signature of Own	ner or Authorized Representative	-	Date	2
Signature of Own	THE OF PARTICULES REPRESENTATION			
1 - VRA	BEL, FOR 100 VAN NESS ASSOCIATES, LIC		TINDEMERALDE	UND. CO.7
Print Name of O	OE C' 1 21- 1 11- 1- 1230 (1)1152' C.		entative Contact Phone or Er	

### 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

124 COVE

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Legal Owner: CC	DRINTHIAN APARTMENTS SF LP			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
0766 -006	512 VAN NESS AVE		\$24,707.88	0.76%
		Totals:	\$24,707.88	0.76%
	etition the Board of Supervisors to initiate spec o not petition the Board of Supervisors to initiat			
Signature of Ow	ner or Authorized Representative		1-16-19 Date	·
Print Name of O	wner or Authorized Representative	<u>Sa</u> 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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Legal Owner: TKG	3 10 UN LLC			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
0351 -050	10 UNITED NATIONS PLZ		\$22,550.29	0.70%
		Totals:	\$22,550.29	0.70%
Yes, I peti	ition the Board of Supervisors to initiate spe	ecial assessment	proceedings.	
No, I do r	not petition the Board of Supervisors to initi	iate special assess	sment proceedings.	
	7			
4			4/9/2019	2
Signature of Owne	or Authorized Representative		Date	**)
RAZMIU	BOLADIAN	RA:	ZMIG @ RUBILONF	MQ.7/110
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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Parcel Address (if known) 69 POLK ST		\$8,524.51	0.26%
		T-/	0.2070
131-135 HAYES ST		\$3,557.65	0.11%
125 HAYES ST		\$4,688.60	0.14%
	Totals:	\$16,770.76	0.52%
	125 HAYES ST  n the Board of Supervisors to initiate special as	125 HAYES ST  Totals:  n the Board of Supervisors to initiate special assessment p	1.000.00

Signature of Owner or Authorized Representative

Print Name of Owner or Authorized Representative

Representative Contact Phone or Email

Date

### PLEASE RETURN BY APRIL 12, 2019 TO:

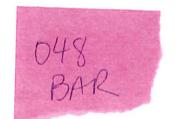
Civic Center Community Benefit District 901 Market Street, Suite 490 San Francisco, CA 94103 Email: info@sfciviccenter.org

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Legal Owner: EN	MERALD POLK LLC			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
0811 -031	101 POLK ST		\$16,154.38	0.50%
		Totals:	\$16,154.38	0.50%
	etition the Board of Supervisors to initiate special as not petition the Board of Supervisors to initiate spe			
Signature of Own	ner or Authorized Representative		4/1/2019 Date	
	ENBEL, FOR EMERSUS POLIS, LLC wner or Authorized Representative		entative Contact Phone or En	

#### 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: SA	N FRANCISCO BARBARA APARTMEN			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
0767 -008	580 MCALLISTER ST		\$12,286.94	0.38%
		Totals:	\$12,286.94	0.38%
	tition the Board of Supervisors to initiate sp			,
Signature of Own	ner or Authorized Representative		Y-27-/9 Date	
Print Name of Ov	wner or Authorized Representative	<u>Sa</u>	sentative Contact Phone o	r 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

- 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 Community Benefit District" (hereafter "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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APN Pa	rcel Address (if known)	Parcel Assessment	Parcel %
0763 -002 50	7 POLK ST	\$8,047.92	0.25%
	т	otals: \$8,047.92	0.25%
	ard of Supervisors to initiate special assessr		
Just Ask		4/1/19	
Signature of Owner or Author	ized Representative	Date	

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APN	Parcel Address (if known)		Parcel Assessment	Parcel %
0809 -012	368-370 HAYES ST		\$1,577.27	0.05%
809 -021	372-398 HAYES ST		\$6,410.32	0.20%
		Totals:	\$7,987.59	0.25%
163, 1 pe	tition the Board of Supervisors to initiate spec	idi daacaaniciici	oroccambs.	
~				
No, I do	not petition the Board of Supervisors to initia			
No, I do	not petition the Board of Supervisors to initia			
	10			
	not petition the Board of Supervisors to initial			
· . /	10			
V . /	True Thise a		4-23-19	1) 1) 0000

#### PLEASE RETURN BY APRIL 12, 2019 TO:

Representative Contact Phone or Email

Print Name of Owner or Authorized Representative

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egal Owner: SAN	I FRANCISCO CONSERVATORY OF		
PN	Parcel Address (if known)	Parcel Asses	sment Parcel %
834 -027	70 OAK ST	\$8,049.37	0.25%
		Totals: \$8,049.37	0.25%
Yes I net	ition the Board of Supervisors to initiate sp	pecial assessment proceedings.	
103,1 pct	tion the bound of Supervisors to initiate sp	vector assessment proceedings.	
No, I do r	not petition the Board of Supervisors to ini	tiate special assessment proceed	dings.
, /		CATALON CO.	
1 She		3/28	119
ignature of Owne			
J	er or Authorized Representative	Dat	:e
	er or Authorized Representative	Dat	e

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APN	Parcel Address (if known)	Parcel Assessment	Parcel %
0792 -031	455 FRANKLIN ST	\$8,071.98	0.25%
		Totals: \$8,071.98	0.25%
	tition the Board of Supervisors to initiate spe not petition the Board of Supervisors to initia		
140,140	not petition the board of supervisors to make	are special accession on proceedings	
1		3/21/2019	
Signature of Own	ner or Authorized Representative	3/21/2019 Date	
	ner or Authorized Representative  IN Mohr, CFO SF Ba	Date	

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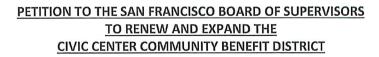
Legal Owner: M&B-DEVELOPMENT 1170 MARKET Parcel Address (if known) **Parcel Assessment** APN Parcel % 0351 -051 1170 MARKET ST \$6,651.91 0.21% Totals: \$6,651.91 0.21% Yes, I petition the Board of Supervisors to initiate special assessment proceedings. No, I do not petition the Board of Supervisors to initiate special assessment proceedings. gnature of Owner or Authorized Representative 6. CMARDIKIAN 415-986.0735

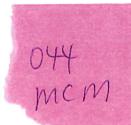
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Representative Contact Phone or Email

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Legal Owner: BA	ARBARA ARNSTEIN 2016 REVOC TR			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
0785 -013	650 GOUGH ST		\$5,884.74	0.18%
		Totals:	\$5,884.74	0.18%
	etition the Board of Supervisors to initiate spe not petition the Board of Supervisors to initi			
Signature of Own	ner or Authorized Representative		4-22-19 Date	
Sara Print Name of Ov	Wher of Authorized Representative		CraOff In Pentative Contact Phone o	n'IN V. COM

#### PLEASE RETURN BY APRIL 12, 2019 TO:

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Print Name of Owner or Authorized Representative

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
0809 -001	301 GROVE ST	\$3,833.01	0.12%
		Totals: \$3,833.01	0.12%
Yes, I pe	tition the Board of Supervisors to initiate spe	cial assessment proceedings.	
	not petition the Board of Supervisors to initia		
NO, 1 00	not petition the Board of Supervisors to initia		
	That petition the Board of Supervisors to mind	ate special assessment proceedings.	
	That petition the board of supervisors to miss	ace special assessment proceedings.	
	That petition the board of supervisors to miss		/ A
		4-11-1	19
	ner or Authorized Representative		19
Signature of Owr		4-11-1	(9)

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Legal Owner: PATRICIA ANN UNTERMAN REVOCTR

APN	Parcel Address (if known)		Parcel Assessment	Parcel %
0809 -005	320-322 HAYES ST		\$1,611.01	0.05%
0809 -006	324-328 HAYES ST		\$1,688.39	0.05%
		Totals:	\$3,299.40	0.10%
	etition the Board of Supervisors to initiate spe			
Votical	all derman		31519	
> Worker	o cure or s		Date	
Signature of Ow	ner or Authorized Representative		Date	

#### PLEASE RETURN BY APRIL 12, 2019 TO:

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Legal Owner: SU	RVIVORS TRUST			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
0792 -003	300 GROVE ST		\$2,991.44	0.09%
		Totals:	\$2,991.44	0.09%
	tition the Board of Supervisors to initiate sp			
- fam.	a sla		4-8-19	
Signature of Own	er or Authorized Representative		Date	
Print Name of Ov	vner or Authorized Representative	Repres	entative Contact Phone or Er	mail

#### PLEASE RETURN BY APRIL 12, 2019 TO:

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APN	Parcel Address (if known)		Parcel Assessment	Parcel %
0837 -014	182-198 GOUGH ST	\$2,815.86		0.09%
		Totals:	\$2,815.86	0.09%
Yes, I pe	tition the Board of Supervisors to initiate spe	ecial assessment p	proceedings.	
	tition the Board of Supervisors to initiate spenot petition the Board of Supervisors to initiate.			
No, I do	not petition the Board of Supervisors to initia			
No, I do		ate special assess	ment proceedings.	

#### PLEASE RETURN BY APRIL 12, 2019 TO:

Print Name of Owner or Authorized Representative

Representative Contact Phone or Email

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Legal Owner: ONE OAK OWNER LLC

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
0836 -001	1500 MARKET ST	\$1,761.12	0.05%
0836 -002	1510 MARKET ST	\$1,053.09	0.03%
0836 -003	1520 MARKET ST	\$1,128.86	0.03%
0836 -004	11 OAK ST	\$3,925.17	0.12%
0836 -005	1540 MARKET ST	\$6,814.20	0.21%
		Totals: \$14,662.88	0.05%

Yes, I petition the Board of Supervisors to initiate spec	cial assessment proceedings.
No, I do not petition the Board of Supervisors to initia	ite special assessment proceedings.
Signature of Owner or Authorized Representative	4/10/19 Date
Scotl Esciteum AN  Print Name of Owner or Authorized Representative	Representative Contact Phone or Email

### PLEASE RETURN BY APRIL 12, 2019 TO:

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Email: info@sfciviccenter.org

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Legal Owner: MICHAEL S ROSSOFF REVOC LVG TR **Parcel Assessment** Parcel % Parcel Address (if known) APN \$1,656.45 0.05% 0351 -037 35-37 FULTON ST Totals: \$1,656.45 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. 3/arch 30, 2019 Signature of Owner of Authorized Representative 415-286-3256

PLEASE RETURN BY APRIL 12, 2019 TO:

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APN	Parcel Address (if known)	Parcel Assessment	Parcel %
0785 -090	388 FULTON ST 311	\$179.33	0.01%
		Totals: \$179.33	0.01%
Yes, I p	etition the Board of Supervisors to initiate spec	ial assessment proceedings.	
No. I d	o not petition the Board of Supervisors to initia	te special assessment proceedings.	
No, I d	o not petition the Board of Supervisors to initia	te special assessment proceedings.	
8		3-26-201	9
8	o not petition the Board of Supervisors to initia		9
8		3-26-201	

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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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Legal Owner: CH	ARLES A LITZINGER TRUST			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
0809 -062	09 -062 242 IVY ST		\$221.64	
		Totals:	\$221.64	0.01%
	tition the Board of Supervisors to initiate special not petition the Board of Supervisors to initiate s			
Signature of Owr	les A. Lungi ner or Authorized Representative		03-20-	2019
Charl	os A Litzman	(3)	xu and Q51	@ 201.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: DWORMAN-LU 2012 TRUST

a gui e union a u				
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
0768 -070	720 GOUGH ST 70		\$361.51	0.01%
		Totals:	\$361.51	0.01%
`	tition the Board of Supervisors to initiate spe			
Signature of Own	er or Authorized Representative		3/21/19 Date	corinna.t. Tu j Cgmail.com
	orinna Lu		510-590-+295	j Camail com
Print Name of Ov	vner or Authorized Representative	Repres	entative Contact Phone or E	mail

#### PLEASE RETURN BY APRIL 12, 2019 TO:

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Parcel Assessment \$293.21	Parcel %
\$293.21	
Ş233.21	0.01%
Totals: \$293.21	0.01%
3/21	119
jk@joh	kojel.net
	sessment proceedings. cial assessment proceedings.  3 / 2/ Date

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APN	Parcel Address (if known)	Parcel Assessment	Parcel %
0834 -069	77 VAN NESS AVE #708	\$197.43	0.01%
		Totals: \$197.43	0.01%
Yes, I pe	tition the Board of Supervisors to initiate spe	cial assessment proceedings.	
No, I do	not petition the Board of Supervisors to initia	te special assessment proceedings.	
No, I do	not petition the Board of Supervisors to initia	te special assessment proceedings.	
	not petition the Board of Supervisors to initia	te special assessment proceedings.	

#### 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: CO	OK MATTHEW & WILSON JOSEPH P			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
0837 -103	11 FRANKLIN ST 206	\$182.47		0.01%
		Totals:	\$182.47	0.01%
Yes, I per	tition the Board of Supervisors to initiate spe	ecial assessment	proceedings.	
No, I do	not petition the Board of Supervisors to initi	iate special assess	sment proceedings.	
	and the second			
	0 0 0			
Chosepl	i P. Wilson		March 21, 20	019
Signature of Own	er or Authorized Representative		Date	
	^			
Joseph	P. Wilson		joseph pwilson entative Contact Phone or E	( gmail can
Print Name of Ow	vner or Authorized Representative	Repres	entative Contact Phone or E	mail

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Legal Owner: MAZZA MARCUS W

APN Parcel Address (if known) Parcel Assessment Parcel %
0351 -107 83 MCALLISTER ST 507 \$238.59 0.01%

Totals: \$238.59 0.01%

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

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

Signature of Owner or Authorized Representative

Print Name of Owner or Authorized Representative

Representative Contact Phone or Email

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APN	Parcel Address (if known)	Parcel Assessment	Parcel %
0768 -032	785 GOLDEN GATE AVE 402	\$266.96	0.01%
		Totals: \$266.96	0.01%
Yes, I pe	tition the Board of Supervisors to initiate spec	ial assessment proceedings.	
`			
No, I do	not petition the Board of Supervisors to initia	te special assessment proceedings.	
	,		
11 . 0	1 / Samo		
// 0 //			
Coolen	1 7 7000	3-21-2019	
Signature of Own	er or Authorized Representative	3 - 21 - 201 ) Date	
			2 V 2 V
	er or Authorized Representative  PH S. LACOE		7434

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APN	Parcel Address (if known)	Parcel Assessment	Parcel %
0854 -047	55 PAGE ST 327	\$169.80	0.01%
		Totals: \$169.80	0.01%
Yes, I per	tition the Board of Supervisors to initiate spe	ecial assessment proceedings.	
	not petition the Board of Supervisors to initi		
	AAA	4/6/19	
Signature of Own	er or Authorized Representative	Date	
TERY	lun Tip		
Print Name of Ov	vner or Authorized Representative	Representative Contact Phone or E	mail

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APN	Parcel Address (if known)		Parcel Assessment	Parcel %
0785 -081	388 FULTON ST 302		\$195.66	0.01%
		Totals:	\$195.66	0.01%
	tition the Board of Supervisors to initiate spec not petition the Board of Supervisors to initiat			
	7	11.73.73		
			,	
Let forms	st		3/26/19	
Signature of Owr	ner or Authorized Representative	<u>1</u>	3/26/19 Pate	
	ner or Authorized Representative  OMAS Tucker	(415	3/26/19 Pate 5) 225-6409	

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Legal Owner: MA	ADHA IBRAHIM		
A DNI	Parcel Address (if known)	Parcel Assessment	Parcel %
APN 0351 -069	83 MCALLISTER ST 208	\$214.95	0.01%
		Totals: \$214.95	0.01%
Yes, I pe	tition the Board of Supervisors to initiate spe	ecial assessment proceedings.	
No, I do	not petition the Board of Supervisors to initi	ate special assessment proceedings.	
11.	122	03/22/2019	15. Think
Signature of Owr	ner or Authorized Representative	Date	
Tophyla	MADHA	IBRAHIM @ MADHA.	NET
	wner or Authorized Representative	Representative Contact Phone or E	

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Legal Owner: E A	AND R FICHTEN TR		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
0768 -063	720 GOUGH ST 63	\$220.58	0.01%
		Totals: \$220.58	0.01%
	tition the Board of Supervisors to initiate spenot petition the Board of Supervisors to initiate		
140,140	not petition the board of supervisors to mid	acc special assessment processings.	
Tessa	Meiman	3-30-1	9
Signature of Owr	ner or Authorized Representative	Date	
LISA	NEWMAN	415-802-40	383
Print Name of Ov	wner or Authorized Representative	Representative Contact Phone	or Email

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CHOLLINDAC

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
0834 -050	77 VAN NESS AVE #509	\$94.79	0.00%
		Totals: \$94.79	0.00%
Vas Inco	tition the Board of Supervisors to initiate speci	al accessment proceedings	
Yes, Tpe	tition the Board of Supervisors to initiate speci	ai assessifient proceedings.	
No, I do	not petition the Board of Supervisors to initiate	e special assessment proceedings.	
3,43,684		1 1	Roth Part Spire
	× 1		
7	66	3/18/2019	
Signature of Own	er or Authorized Representative	3   18   2019 Date	
Signature of Own	er or Authorized Representative	3   18   2019 Date	
Signature of Own	er or Authorized Representative  CHOW ALANO	3   18   2019 Date	

#### PLEASE RETURN BY APRIL 12, 2019 TO:

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Logal Owner: DAVID DUNCAN SCOTT REVOCTR

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
0809 -030	350 HAYES ST	\$123.33	0.00%
		Totals: \$123.33	0.00%
	tition the Board of Supervisors to initiate spec not petition the Board of Supervisors to initia		
1 Jun "	5 Klery, TT65	3-28-1 °	7
Signature of Own	ner or Authorized Representative	Date	

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APN Parcel Address (if known) Parcel Assessment Parcel %
0837 -111 11 FRANKLIN ST 402 \$107.79 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.

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

3/27/20/a

Signature of Owner or Authorized Representative

Date

Kelly Mynashira

Migashira but Ramai, com

#### PLEASE RETURN BY APRIL 12, 2019 TO:

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").
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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 Owller. Kil	CHIE MARK J			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
0834 -055	77 VAN NESS AVE #604		\$147.86	0.00%
		Totals:	\$147.86	0.00%
	ition the Board of Supervisors to initiate sp			
No, I do	not petition the Board of Supervisors to init	iate special assess	ment proceedings.	

### PLEASE RETURN BY APRIL 12, 2019 TO:

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 %
0351 -104	83 MCALLISTER ST 504	\$112.20	0.00%
		Totals: \$112.20	0.00%
Yes, I pe	tition the Board of Supervisors to initiate spe	cial assessment proceedings.	
No, I do	not petition the Board of Supervisors to initia	ate special assessment proceedings.	
//		3/20/10	9
Signature of Own	er or Authorized Representative	bate	
Pare	et 1 au	41	( 00 )
10881	et LEW	4/5-531-	6680

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Legal Owner: CAF	RTER DAVID P & INESSA S		
APN	Parcel Address (if known)	Parcel Assessme	ent Parcel %
0834 -067	77 VAN NESS AVE #706	\$145.24	0.00%
		Totals: \$145.24	0.00%
Yes, I pet	ition the Board of Supervisors to initiate sp	ecial assessment proceedings.	
No, I do r	not petition the Board of Supervisors to init	iate special assessment proceeding	S.
20 1 dr. X.	1 1	A second the second	
	The thits	5/2	119
Signature of Own	er or Authorized Representative	Date	/
		dauelcar	fer a me con
Print Name of Ow	ner or Authorized Representative	Representative Contact F	Phone or Email

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Legal Owner: DI	TSON MITCHELL F		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
0854 -150	31 PAGE ST 302	\$145.12	0.00%
		Totals: \$145.12	0.00%
	not petition the Board of Supervisors to initiate spe		
Signature of Own	ner or Authorized Representative	3-21-19 Date	
Mitchel	1 Doson	MALSONCATT. A Representative Contact Phone o	Jit 415.8069364

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THOMASON INC TRUCT 2004

APN	Parcel Address (if known)		Parcel Assessment	Parcel %
0834 -062	77 VAN NESS AVE #701		\$145.06	0.00%
		Totals:	\$145.06	0.00%
	the Board of Supervisors to initiate specia etition the Board of Supervisors to initiate			
No, I do not po				9

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Legal Owner: NA	VENTI STEPHEN			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
0854 -071	55 PAGE ST 511		\$107.22	0.00%
		Totals:	\$107.22	0.00%
	tition the Board of Supervisors to initiate sp not petition the Board of Supervisors to init			
	ſ			
84	h		3/20/19	
Signature of Own	er or Authorized Representative		Date	
STEPH	FEN NAVENTT	S	EVE. NAVENTI	DGMAL. CON
Print Name of Ow	vner or Authorized Representative	Repres	entative Contact Phone or E	Email

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NPN	Parcel Address (if known)	Parcel Asse	essment	Parcel %
834 -060	77 VAN NESS AVE #609	\$94.96		0.00%
		Totals: \$94.96		0.00%
Yes, I pe	etition the Board of Supervisors to initiate spe	cial assessment proceedings.		
No, I do	not petition the Board of Supervisors to initia			
No, I do	o not petition the Board of Supervisors to initia			
	at a	te special assessment proce		

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Legal Owner: NA	ATHAN LOUIS KUGLAND TRUST		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
0854 -056	55 PAGE ST 415	\$79.01	0.00%
		Totals: \$79.01	0.00%
	tition the Board of Supervisors to initiate special not petition the Board of Supervisors to initiate		
Signature of Owr	Lack ner or Authorized Representative	<u> 2019 – 03</u> Date	:-24
Nathan Print Name of On	Kugland, trustee where or Authorized Representative	(650-28) Representative Contact Pho	

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Legal Owner: MA	ARY L CHRISTIE REVOCABLE TRUS			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
0854 -108	55 PAGE ST 711		\$107.22	0.00%
		Totals:	\$107.22	0.00%
	tition the Board of Supervisors to initiate spe			
Muy L. Signature of Own	Circolice er or Authorized Representative		Mun 27,	
Many L Print Name of Ow	vner or Authorized Representative		ristie mlu@ entative Contact Phone or E	

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Legal Owner: AL	ARCON JASON		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
0837 -112	11 FRANKLIN ST 403	\$91.54	0.00%
		Totals: \$91.54	0.00%
	etition the Board of Supervisors to initiate spont petition the Board of Supervisors to init		
No, I do	not petition the Board of Supervisors to Init	late special assessment proceedings.	
Daser	Alancon	03/24/201	9
	ner or Authorized Representative	Date	
Jaser	Alarcon	415-407-71	25 %
Print Name of O	wner or Authorized Representative	Representative Contact Phone of	r Email

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Legal Owner: KE	MP DEAN			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
0854 -015	55 PAGE ST 212		\$113.70	0.00%
		Totals:	\$113.70	0.00%
	tition the Board of Supervisors to initiate sp			
Signature of Own	er or Authorized Representative		3-21-2019 Date	
Print Name of Ov	Kemp vner or Authorized Representative	Repres	Cankkenys & entative Contact Phone or Er	Cmad com

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Legal Owner: M	ILLER LUISA		
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
0854 -061	55 PAGE ST 420	\$110.54	0.00%
		Totals: \$110.54	0.00%
Yes, I pe	etition the Board of Supervisors to initiate sp	ecial assessment proceedings.	
No, I do	not petition the Board of Supervisors to init	ate special assessment proceedings.	
	947	4/3/19	<u>, e , , , , , , , , , , , , , , , , , ,</u>
Signature of Ow	ner or Authorized Representative	Date	
LVIS MI	ILER	Representative Contact Phone o	1.com
	wner or Authorized Representative	Representative Contact Phone o	r Email

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LINI DANAELA

\$91.54  Totals: \$91.54  sessment proceedings. cial assessment proceedings.	0.00%
sessment proceedings.	0.00%
cial assessment proceedings.	
42/19	
Date	
	4/2/19 Date

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Legal Owner: KU	O JOANN			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
0351 -072	83 MCALLISTER ST 211		\$116.07	0.00%
		Totals:	\$116.07	0.00%
	cition the Board of Supervisors to initiate sponsor to initiate sp			
- Mar	cular		4/3/19	
Signature of Own	er or Authorized Representative		Date	
Joa	nn Kuð		joann. kuo @	Ignail. com
Print Name of Ow	ner or Authorized Representative	Repres	entative Contact Phone or E	mail

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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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A DAI	Parcel Address (if known)	Parcel Assessment	Parcel %
APN 0834 -073	77 VAN NESS AVE #802	\$91.30	0.00%
		Totals: \$91.30	0.00%
Yes, I pe	tition the Board of Supervisors to initiate spe	cial assessment proceedings.	
No Ido	not petition the Board of Supervisors to initi	ate special assessment proceedings.	
140,140	not petition the Board of Supervisors to ma	acc special accessing processings.	
9			
d	the Arx of	3-24-19	
Signature of Own	er or Authorized Representative	Date	. 1. 1.
			,
ASHOK	AGGARWAL	714-697-95	40
Print Name of Ov	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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APN P	arcel Address (if known)		Parcel Assessm	nent Parcel %
0351 -089 8	3 MCALLISTER ST 402		\$110.05	0.00%
		Totals:	\$110.05	0.00%
Yes, I petition the E	Board of Supervisors to initiate spe	ecial assessment p	proceedings.	
No, I do not petitio	n the Board of Supervisors to initia	ate special assess	ment proceedin	gs.
P Ba	enite		26 M	ach 2019,
Signature of Owner or Auth	orized Representative		Date	
ROGER I	BARNETT	85	8-205-	5748 or
Print Name of Owner or Au	thorized Representative		entative Contact	Phone or Email
Tr	ustee			barnett 835@g
		RN BY APRIL 12, 2		9

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

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Legal Owner: MU	JRPHY TRUST			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
0351 -079	83 MCALLISTER ST 305		\$108.33	0.00%
		Totals:	\$108.33	0.00%
	tition the Board of Supervisors to initiate spe not petition the Board of Supervisors to initi			
AV.E.				
0	mhy		3/29/19	
Signature of Own	er or Authorized Representative		Date	
Joel M	urphy		jodiamurph	y.net
Print Name of Ov	vner or Authorized Representative	Repres	entative Contact Phone or Er	mail

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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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Legal Owner: Bi	ROWN PATRICIA			
APN	Parcel Address (if known)	Parcel Assessment	Parcel %	
0351 -084	83 MCALLISTER ST 310	\$113.49	0.00%	
		Totals: \$113.49	0.00%	
	etition the Board of Supervisors to initiate specia o not petition the Board of Supervisors to initiate	special assessment proceedings.	if once a year	٤.
Patr	icia Brown	1 hets 15 Wh claimed 4-3-19	· Once a	Jean,
Pat	RICUL BLOWN wner or Authorized Representative	Pate 925-848- phrown \$89 Representative Contact Phone or E	9145 700 Sbcglob	iol.

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APN Parcel Address (if known) Parcel Assessment Parcel %
0834 - 061 77 VAN NESS AVE #610 \$152.05 0.00%

Totals: \$152.05 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

Arr 12 2019
Date

(415) 999 - 851 2

Ni CHOLAS BICHARDS

Personatative Contact Photo of Family

Personatative Contact Photo of Family

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Print Name of Owner or Authorized Representative

APN	Parcel Address (if known)	Parcel Assessment	Parcel %
0837 -114	11 FRANKLIN ST 405	\$112.53	0.00%
		Totals: \$112.53	0.00%
Yes, I per	tition the Board of Supervisors to initiate spe	cial assessment proceedings.	
No, I do	not petition the Board of Supervisors to initia	ite special assessment proceedings.	
No, I do	not petition the Board of Supervisors to initia	ite special assessment proceedings.	
No, I do	not petition the Board of Supervisors to initia		2019
Coelan		april 10	2019
Coolan	not petition the Board of Supervisors to initial		2019
Signatule of Own		april 10	2019

### PLEASE RETURN BY APRIL 12, 2019 TO:

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 %
0834 -065	77 VAN NESS AVE #704		\$147.68	0.00%
		Totals:	\$147.68	0.00%
Yes, I pet	ition the Board of Supervisors to initiate spo	ecial assessment p	proceedings.	
No, I do	not petition the Board of Supervisors to initi	ate special assess	ment proceedings.	
Michi	& Mendara		4/10/19	
Signature of Own	er or Authorized Representative		Date	
Michae	El E. Mendonca	mich	nael 77 VN a	gmail.com
	mer or Authorized Representative		entative Contact Phone or E	

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Legal Owner: YEH	THEODORE			
APN	Parcel Address (if known)		Parcel Assessment	Parcel %
0834 -072	77 VAN NESS AVE #801		\$145.76	0.00%
		Totals:	\$145.76	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	ite special assess	sment proceedings.	
//				
	+ //		4/11/19	
Signature of www	or Or Aldthorized Representative		Date	
Theodore	Yelf	Ту	eh26@gmail.com	
Print Name of Ow	ner or Authorized Representative	Repres	entative Contact Phone or E	mail

#### PLEASE RETURN BY APRIL 12, 2019 TO:

Print Name of Owner or Authorized Representative

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Legal Owner: KA	PADIA DANOOSH N & BATLIWALIA	A Control of the Ann	
APN	Parcel Address (if known)	Parcel Assessment	Parcel %
0854 -018	55 PAGE ST 215	\$141.92	0.00%
		Totals: \$141.92	0.00%
Yes, I pe	tition the Board of Supervisors to initiate sp	ecial assessment proceedings.	
No, I do	not petition the Board of Supervisors to init	ate special assessment proceedings.	
			HEEF-,
CA Jaki	atly well	1118/19	
	ner or Authorized Representative	Date	
enginately of Ove			11111
SHYLA	BATLIWALLA	650.222.	1473
Print Name of Ov	wner or Authorized Representative	Representative Contact Phone or E	Email

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