This ballot is for the property owners of the parcel(s) identified below by Assessment Parcel Numbers (APN), which parcel(s) are located within the proposed Downtown Santa Rosa Community Benefit District in the City of Santa Rosa. Please advise the City of Santa Rosa as soon as possible at (___) ____-____, if the information set forth below is incorrect.

This ballot may be used to express either support for or opposition to the proposed Downtown Santa Rosa Community Benefit District assessment. In order to be counted, this ballot must be completed, signed, and dated below by an owner of the identified parcel(s) or by an authorized representative of the owner. The ballot must be returned to the City Clerk of Santa Rosa either by mail or in person to: Office of the City Clerk, ____________, Santa Rosa, CA ______. Attn: Downtown Santa Rosa Community Benefit District.

**Mail Delivery:**  
If by mail, fold and insert the ballot in the enclosed self-addressed stamped envelope, seal the envelope, and deposit in the U.S. mail.

**Personal Delivery:**  
If in person, fold and insert the ballot in the enclosed self-addressed envelope, seal the envelope provided and deliver to the City Clerk’s office (address shown above) or deliver to the City Clerk at the public hearing on the Downtown Santa Rosa Community Benefit District.

The assessment shall not be imposed if the ballots submitted in opposition to the assessment exceed the ballots submitted in favor of the assessment, with the ballots weighted according to the proportional financial obligation of the affected property.

**IN ORDER TO BE COUNTED, THIS BALLOT MUST BE RECEIVED BY THE CITY CLERK PRIOR TO THE CLOSE OF THE PUBLIC INPUT PORTION OF THE PUBLIC HEARING ON THE DOWNTOWN SANTA ROSA COMMUNITY BENEFIT DISTRICT, WHICH IS SCHEDULED FOR JUNE __, 2018 AT __:00 PM IN THE CITY COUNCIL CHAMBER, SANTA ROSA CITY HALL, __________ STREET, SANTA ROSA CALIFORNIA ______. You are invited (but not required) to attend the public hearing and to provide oral or written testimony to the Council in connection with the hearing. To cast this ballot, check the appropriate box below (either yes or no), sign the ballot at the bottom, and return.**

This ballot will not be opened by the City until tabulation, and will be a public record once opened. Ballots will be accepted and tabulated pursuant to the City’s "PROCEDURES FOR THE COMPLETION, RETURN, AND TABULATION OF ASSESSMENT BALLOTS", which are available from the Office of the City Clerk.

Please mark in the box below to cast your vote:

☐ YES, I am in favor of the formation of the district and the proposed assessments against the parcel(s) identified on this ballot.

☐ NO, I oppose the formation of the district and the proposed assessment against the parcel(s) identified on this ballot.

This is an annual assessment that is proposed to be levied to fund the services and activities described in the enclosed Management District Plan (MDP). The amount shown below is the proposed Fiscal Year 18-19 assessment against each listed parcel. Information about future assessments can be found on pages 29 of the MDP and the methodology used to establish the assessment can be found on pages 28 of the MDP. Reference is made to the enclosed Management District Plan and Resolution of Intention, which are incorporated into this notice.

<table>
<thead>
<tr>
<th>Owner</th>
<th>APN</th>
<th>Assessment</th>
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<tbody>
<tr>
<td>19 OCS LLC</td>
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<tr>
<td>19 OCS LLC</td>
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Total Downtown Santa Rosa Community Benefit District Assessment Amount (Votes Cast) $3,193.50

I certify under penalty of perjury under the laws of the State of California that I am the owner of the above-listed parcels or the authorized representative of the owner and that I am authorized to cast this ballot.

______________________________
Name (Printed)

______________________________
Signature