

Attachment B

COUNTY OF SANTA BARBARA
SKIP GREY
1105 SANTA BARBARA, EAST WING-2FLR
SANTA BARBARA CA 93101

PROPERTY OWNER ASSESSMENT BALLOT

Proposed Santa Barbara Community Benefit Improvement District

Mail or deliver this completed ballot to:

**City Clerk
City of Santa Barbara
735 Anacapa Street
Santa Barbara, CA 93101**

Mailed ballots must be *received* by City Clerk's Office by: 2:00 P.M. on June 20, 2024 or may be submitted in person, no later than the close of the public input portion of such hearing, at the City Council hearing scheduled for 2:00 P.M., on Tuesday, June 25, 2024 in the Santa Barbara City Council Chambers, 735 Anacapa Street, Santa Barbara, CA 93101

To complete your ballot, mark the square before the word "YES" or before the word "NO", sign and date the ballot, and return it to the City Clerk. If you wrongly mark, tear, or deface this ballot, return it to the City Clerk to obtain another. Please use enclosed ballot return envelope in order to maintain the confidentiality of your ballot prior to tabulation. The returned ballot will not be opened by the City prior to the close of public testimony at the public hearing, but will be a disclosable public record during and after tabulation.

**BE SURE TO SIGN YOUR BALLOT IN INK
UNSIGNED BALLOTS CANNOT BE COUNTED**

This ballot represents: Name: COUNTY OF SANTA BARBARA (Owner of Record)

APN: 029-121-020

Site Address: 1226 ANACAPA ST

Proposed 2024/2025 Assessment Amount:

This Assessment Amount is subject to an annual adjustment of up to five percent per year over the five-year initial term of the District.

Yes, I support the proposed five-year annual assessment against my parcel.

No, I oppose the proposed five-year annual assessment against my parcel.

I hereby declare, under penalty of perjury, that I am the record owner or authorized representative of the record owner of the parcel identified on this ballot.

Signed _____ Date _____

Printed Name _____

COUNTY OF SANTA BARBARA
JASMINE MCGINTY
1105 SANTA BARBARA, COURTHOUSE E WING, 2ND
FLR

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This ballot represents: Name: COUNTY OF SANTA BARBARA (Owner of Record)

APN: 029-121-022

Site Address: 105 E ANAPAMU ST

Proposed 2024/2025 Assessment Amount: \$17,012.19

This Assessment Amount is subject to an annual adjustment of up to five percent per year over the five-year initial term of the District.

Yes, I support the proposed five-year annual assessment against my parcel.

No, I oppose the proposed five-year annual assessment against my parcel.

I hereby declare, under penalty of perjury, that I am the record owner or authorized representative of the record owner of the parcel identified on this ballot.

Signed _____ Date _____

Printed Name _____

COUNTY OF SANTA BARBARA
SKIP GREY
1105 SANTA BARBARA, EAST WING-2FLR
SANTA BARBARA CA 93101

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This ballot represents: Name: COUNTY OF SANTA BARBARA (Owner of Record)

APN: 029-161-001

Site Address: 1120 ANACAPA ST

Proposed 2024/2025 Assessment Amount:

This Assessment Amount is subject to an annual adjustment of up to five percent per year over the five-year initial term of the District.

Yes, I support the proposed five-year annual assessment against my parcel.

No, I oppose the proposed five-year annual assessment against my parcel.

I hereby declare, under penalty of perjury, that I am the record owner or authorized representative of the record owner of the parcel identified on this ballot.

Signed _____ Date _____

Printed Name _____

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SKIP GREY
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SANTA BARBARA CA 93101

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This ballot represents: Name: COUNTY OF SANTA BARBARA (Owner of Record)

APN: 029-211-025

Site Address: 123-125 E CARRILLO ST

Proposed 2024/2025 Assessment Amount:

This Assessment Amount is subject to an annual adjustment of up to five percent per year over the five-year initial term of the District.

Yes, I support the proposed five-year annual assessment against my parcel.

No, I oppose the proposed five-year annual assessment against my parcel.

I hereby declare, under penalty of perjury, that I am the record owner or authorized representative of the record owner of the parcel identified on this ballot.

Signed _____ Date _____

Printed Name _____

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SKIP GREY
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SANTA BARBARA CA 93101

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This ballot represents: Name: COUNTY OF SANTA BARBARA (Owner of Record)

APN: 039-232-020

Site Address: 1130 STATE ST

Proposed 2024/2025 Assessment Amount:

This Assessment Amount is subject to an annual adjustment of up to five percent per year over the five-year initial term of the District.

Yes, I support the proposed five-year annual assessment against my parcel.

No, I oppose the proposed five-year annual assessment against my parcel.

I hereby declare, under penalty of perjury, that I am the record owner or authorized representative of the record owner of the parcel identified on this ballot.

Signed _____ Date _____

Printed Name _____