CITY OF SAN DIEGO "GREATER HILLCREST"

MAINTENANCE ASSESSMENT DISTRICT FORMATION

REQUEST TO WITHDRAW BALLOT / REQUEST FOR REPLACEMENT BALLOT

I request to (please mark the approp	oriate box):	
☐ Withdraw my ballot for all parce	els associated with the Record Owner named b	elow.
Withdraw my ballot and receive Owner named below.	a replacement ballot packet for all parcels ass	sociated with the Record
Owner identified on the last Équ	cket because I did not receive a mailed ballot e alized Secured Property Tax Assessment Roll by the County of San Diego Recorder's Office	or the New Owner as
Receive a replacement ballot pa	cket as the ballot I received was subsequently l	ost, mutilated, or destroyed.
to a conveyance by Document # Official Records of the San Dieg [For multiple conveyance docum parcels conveyed by that Docum	cket because I am the new Owner of the parce 20 recorded on to County Recorder's Office, <u>a copy of which is</u> ments, please state on the reverse side of this for ment (APNs), and Document recording date(s) of the eyance information is listed on the reverse side	, 20 in the s attached to this form. rm each Document Number, and attach copies of each.]
Withdraw my ballot and receive late and it will not be received by	a replacement ballot packet because I am condy the City in time to be counted.	cerned that I mailed my ballo
Record Owner, I am unable to re	cket at an alternate mailing address because, of eceive or otherwise access the ballot packet more County of San Diego. Please send Replaceme	ailed to the address identified
	[exactly it appears on the County of San Diegoldty of perjury of the laws of California, that I doe of the current Owner of the parcel(s) identified	um the current Owner or
Name of Owner/ Legal Representative	ve/ Corporate Officer (Please Print)	Title
Signature of Owner/ Legal Represen	tative/ Corporate Officer	Date
Contact Email Address and/or Telep	hone Number of Owner/ Legal Representative/	Corporate Officer
•	rate information on each parcel. If the Ownorided, the City may reject this request and rend accurate information.	
Assessor Parcel Number(s)	Site Address (including Suite/Unit/Apar	rtment # if applicable)
10 digit number e.g. 1234546789	e.g. 100 Main Street, # 55	

The replacement ballot packet will include ALL parcels in the District for the specified Owner. Unless specifically requested otherwise, the City will mail the replacement ballot packet to the current Owner's address listed in records maintained by the County of San Diego Recorders Office as of April 15, 2024, or as identified in a recorded conveyance document.

To request a replacement ballot packet after 5pm on Wednesday, June 12, 2024, the current Owner or authorized representative must appear in person at the City Clerk's Office and provide an ID (individual or business) which matches the current Owner name.

Submit this request by email to CityClerk@sandiego.gov or mail or deliver in person to:

City of San Diego – City Clerk,

Attn: MAD Withdraw/Replacement Ballot,

City Administration Building, Lobby

202 C Street, San Diego, CA 92101

I am the new Owner of the parcel(s) identified below, pursuant to a grant deed or other conveyance document (document(s) attached), and recorded in the Official Records of the San Diego County Recorder's Office by:

Document # 20	recorded on	, 20_
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