

**BALLOT REGARDING THE CONTINUATION OF THE BUSINESS IMPROVEMENT  
DISTRICT OF CORAL GABLES**

I, an affected property owner within the boundary of the proposed Business Improvement District of Coral Gables (BID) in the City of Coral Gables, Florida (“City”), in accordance with Resolution No. 2022-XX adopted by the City Commission on July 25, 2022 and attached hereto. “Owner” shall mean a person who appears on legal title to the real property below by deed duly recorded in the Miami-Dade County official records, or the designated representative, agent, or guardian of the Owner. Pursuant to Chapter 170, F.S., I hereby cast my vote as follows regarding the continuation of the BID of Coral Gables. I understand that if the BID is approved by a majority (fifty percent (50%) plus one), of affected property owners, my property will be assessed a proportionate share of the assessment based on the square footage method of assessments as approved in Resolution XX-XX. I understand that the assessment may increase from the base rate in 2022-23 by up to 4% per annum and understand that the below represents the maximum amount that can be assessed each year for the property below barring any changes to the property which may alter the amount assessed..

Property Number	Folio #	Property Address	Property Owner:

2022-2023 Maximum Tax Assessment Amount:	
2023-2024 Maximum Tax Assessment Amount:	
2024-2025 Maximum Tax Assessment Amount:	
2025-2026 Maximum Tax Assessment Amount:	
2026-2027 Maximum Tax Assessment Amount:	

- Yes, I support the continued existence of the BID for a five year period:.
- No, I do not support the continued existed of the BID for a five-year period.

Please send completed ballot to : EMAIL, ADDRESS

Must be received by TIME, DATE DATE

Failure to return the ballot by XYXZ will result in a “no” vote.

Under penalty of perjury, I swear or affirm that I am the Owner of the property above or that I am the designated representative, agent, or guardian of the Owner and have the authority to cast this ballot.

FURTHER AFFIANT SAYETH NAUGHT.

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STATE OF FLORIDA

COUNTY OF

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this day of , (year) , by (name of person making statement) .

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification

Type of Identification Produced