



LOWER EAST SIDE BUSINESS IMPROVEMENT DISTRICT EXPANSION SUPPORT BALLOT

First Name: _____ Last Name: _____

Business (if applicable) _____

Address(es) in District: _____

Block(s) and Lots(s) (if known): _____

Telephone: _____ Email: _____

I am a (check all that apply):

- Commercial Property Owner
- Residential Property Owner
- Mixed-Use Property Owner
- Non-Profit Property Owner
- Commercial/Retail Tenant
- Residential Tenant
- Non-Profit Tenant

I support the expansion of the Lower East Side Business Improvement District:

- Yes
- No

Additional Comments:

Signature _____ **Date** _____

Please return this form to:

Email: info@lowereastsideny.com
Mail: LES BID, 54 Orchard Street, New York 10002
Fax: 212-226-8161

*You may also return this form to:
Eddy Eng, NYC Department of Small Business Services, 110 William Street, New York, NY 10038*