



APPEAL TO THE RENT BOARD

NOTA: SI USTED NO ENTIENDE ESTA APELACIÓN, NO TARDE EN COMUNICARSE CON EL PROGRAMA DE RENTA AL NÚMERO (510) 234-RENT [7368] PARA PEDIR UNA CITA Y RECIBIR UNA EXPLICACIÓN O TRADUCCIÓN.

Any party may Appeal the Decision of the Richmond Rent Program Hearing Examiner. Such Appeal must be filed no later than thirty-five (35) calendar days after the date of mailing of the Hearing Examiner’s Decision. The filing of a timely Appeal will stay (put on hold) only that portion of the Decision that permits payment, refund, offsetting or adding rent. Richmond Rent Board Regulations Section 842 (B) If you are filing a late Appeal, you must state the reason in writing and include it with your Appeal so that the Rent Board can determine if there is good cause for the untimely filing. The filing of an untimely Appeal does not stay any portion of the Hearing Examiner’s Decision.

Petition Number: _____ Hearing Examiner: _____

The Appeal of Landlord Tenant

Name of Party Filing Appeal (Please Print): _____

Date the Decision was Mailed/Dated: _____

Address and Unit # of the Property in Question: _____

I Appeal the Richmond Rent Program Hearing Examiner’s Decision because I believe that Hearing Examiner erred or improperly used discretion in the following way(s):

NOTE: THE RENT BOARD WILL MAIL A COPY OF THIS APPEAL TO THE OTHER PARTY(IES). HOWEVER, THE PARTIES MUST SERVE EACH OTHER WITH ALL OTHER DOCUMENTS FILED AFTER THE INTIAL FILING OF THIS APPEAL, AND INDICATE YOU HAVE DONE SO.

Date: _____ Signature* _____

*If you are a representative, please Print Name: _____

**ADDITIONAL INFORMATION REQUIRED ON PAGE TWO & THREE OF THIS FORM
APPEAL TO THE RENT BOARD**

Tenant Information:*

*If there is more than one Tenant, attach additional names, addresses and phone #s.

Tenant Name(s) (Print): _____

Mailing Address: (Street Number, Street Name, Unit Number, City, State, Zip Code):

Primary Phone Number /Other Phone Number(s): _____

Tenant Representative Information (if any): _____

Mailing Address: (Street Number, Street Name, Unit Number, City, State, Zip Code):

Phone Number(s): _____

Landlord Information: *

*If there is more than one Landlord, attach additional names, addresses and phone #s.

Landlord Name(s) (Print): _____

Mailing Address: (Street Number, Street Name, Unit Number, City, State, Zip Code):

APPEAL TO THE RENT BOARD

Landlord Primary Phone Number /Other Phone Number(s): _____

Landlord Representative Information (if any): _____

Mailing Address: (Street Number, Street Name, Unit Number, City, State, Zip Code):

Phone Number(s): _____

Other Party Information: (Name, Address, Phone Number(s), Connection to Petition and Contact Information):

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

PROOF OF SERVICE

I AM A RESIDENT OF _____ COUNTY AND WAS, AT THE TIME OF SERVICE, OVER AGE EIGHTEEN. ON _____ (DATE), I SERVED ONE COPY OF THE _____ BY: (CHECK APPROPRIATE BOX):

DELIVERING _____ **IN PERSON TO THE FOLLOWING INDIVIDUAL:**
[PRINT NAME OF TENANT(S) OR LANDLORD AND/OR TENANT'S OR LANDLORD'S REPRESENTATIVE:]*

PLACING _____ **ENCLOSED IN A SEALED ENVELOPE WITH FIRST-CLASS POSTAGE FULLY PAID, INTO A U.S. POSTAL SERVICE MAILBOX, ADDRESSED AS FOLLOWS:**
[PRINT NAME OF TENANT(S) OR LANDLORD AND/OR TENANT'S OR LANDLORD'S REPRESENTATIVE:]*

EMAILING _____ [PRINT NAME OF TENANT(S) OR LANDLORD AND/OR TENANT'S OR LANDLORD'S REPRESENTATIVE:] [PROVIDE ANY/ALL EMAIL ADDRESS(ES):]

I DECLARE UNDER PENALTY OF PERJURY OF THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

Signature: _____ Date: _____

Printed Name: _____