

FOR OFFICE USE ONLY:	
Date Received:	

City of East Palo Alto Office of the City Manager Rent Stabilization Program 2415 University Avenue 2nd floor East Palo Alto, CA. 94303

Tel: 650-853-3157 Fax: 650-853-3115

CHANGE IN OWNERSHIP OR CHANGE IN MAILING ADDRESS

Use this form to register a change of ownership or a change in Owner or Manager contact information. Submit this form to the Rent Stabilization Program office within 30 days of the change in the information or a change in ownership.

If the property or the individual unit(s) you Initial Registration Statement to the Rent St	are now registering has never been registered, submit an tabilization Program.
Property Address	Unit # (if applicable)
Part I. CHANGE OF OWNERSHIP	
Complete this section if you are a new own	er.
1 1 1	n, partnership or limited liability company, provide the street siness and the name and address of its chief executive officer, An actual street address must be provided.
Applicant/Owner:	Representative/Agent (if applicable):
Name:	Name:
Address:	Address:
, State, Zip:	City, State, Zip:
Telephone: ()	Telephone: ()
Fax: ()	Fax: ()
Email:	Email:
For corporate owners, provide name and ac	ddress of CEO, Managing Partner or Supervising Manager:
Name:	
Address:	
On-Site Manager (incl. apt. #):	
(Note: California State Law requires an onsi	te manager for apartment buildings with 16+ units)
Date of purchase or title transfer: Send all future correspondence and invoice	es to: Owner Representative/Agent named above
	e the address to which invoices and other correspondence are erty manager, you must choose only one name and address to
☐ Owner ☐ Manager	Please type or print legibly
Name:	
Address:	
City:	
Telephone ()	Email