

I, _____, Respondent / Respondent's Representative, request that the monthly rent be restored to: \$ _____ as of _____.

I UNDERSTAND THAT restoration of the rent shall only become effective on the first due date for a rent payment which occurs at least 15 days after the earlier to occur of (1) the landlord delivers to both the administrator and the tenant a notice stating that the landlord has corrected the condition(s) that formed the basis for ordering the reduction in rent, or (2) the administrator receives confirmation directly from the tenant that the landlord has corrected the conditions that formed the basis for ordering the reduction in rent.

I UNDERSTAND THAT the administrator may determine within fifteen days of receipt of this notice that if there is cause to believe that the condition has not been corrected, or was not corrected as of the date specified by the landlord, the administrator will provide the landlord with notice.

I UNDERSTAND THAT if the dispute cannot be resolved, either the landlord, tenant, or administrator may request a compliance hearing, which shall be scheduled within thirty days of the request.

I UNDERTAND THAT if a compliance hearing is requested, the restoration of rent shall not go into effect until a hearing examiner makes a determination, and if this determination is appealed, until the Board makes a determination.

I UNDERSTAND THAT the landlord shall not serve a notice pursuant to California Code of Civil Procedure Sec. 1161(2) or otherwise evict the tenant for nonpayment of authorized reductions in Rent that accrued from the date the reduction in Rent is ordered to take effect, until the Rent is restored pursuant to this section.

I UNDERTAND THAT the tenant is not relieved of any liability for unpaid rent other than as provided for Section 1500(E)(4) of the Rules and Regulations.

I UNDERTANT THAT If for some reason the rent was in excess of the Maximum Allowable Rent, as adjusted by allowable Annual General Adjustments pursuant to the Ordinance, the restoration of rent shall not exceed the Maximum Allowable Rent, as adjusted.

Signature

Date

PROOF OF SERVICE

I, the undersigned, declare that I am employed in the County of San Mateo, State of California. I am over the age of eighteen years and not a party to the within cause. My business address is _____ in _____, CA _____.

On _____, _____, I served the following documents:

NOTICE FOR RESTORATION OF RENT [Regulation 1500(E)(4)]
Case No. _____

BY PERSONAL DELIVERY by delivering a true copy thereof enclosed in a sealed envelope, to the person(s) at the address(es) set forth below:

BY MAIL by placing a true copy thereof enclosed in a sealed envelope, with postage thereon fully prepaid, in the United States mail at East Palo Alto, CA, to the person(s) at the address(es) set forth below:

BY FACSIMILE TRANSMISSION by transmitting a true copy thereof by facsimile transmission from facsimile number (650) 853-3115 to the interested parties to said action at the facsimile number(s) shown below:

BY CERTIFIED MAIL by depositing in the mail at the U.S. Post Office located at _____ a true copy thereof enclosed in a sealed envelope, with fully prepaid postage thereon for certified mail, to the person (s) at the address(es) set forth below:

I declare under penalty of perjury that the foregoing is true and correct. Executed this day of _____, in _____, CA.

Signature