



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

rentprogram@cityofepa.org

_____,)
)
Petitioner(s),)
)
 vs.)
)
 _____,)
)
Respondent(s).)
 _____)

Petition No.: _____

**REQUEST FOR COMPLIANCE HEARING
AND PROOF OF SERVICE
[Regulation 1500(A)(20)]**

On _____, a hearing was held on this petition.

On _____, Hearing Examiner, _____, issued a decision.

The Parties have not been able to resolve compliance issues in regard to *(Attach additional pages if more space is needed and evidence supporting this allegation.):*

 _____.

The Parties have attempted to resolve these issues by *(Attach additional pages if more space is needed and evidence showing attempts made.):*

 _____.

I UNDERSTAND THAT the Rent Program Administrator may notice and schedule a hearing before a Hearing Examiner to determine whether compliance has in fact occurred.

I, _____, Petitioner / Petitioner's Representative / Respondent / Respondent's Representative , request that a Compliance Hearing be scheduled.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief. Executed on _____ at _____, CA

By: _____
 Name

 Signature

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 businesses address is _____ in _____, CA _____.

Case No. _____

On _____, _____, I served the following documents:

**REEQUEST FOR COMPLIANCE HEARING [Regulation 1500(A)(20)]
SUPPORTING DOCUMENTS:**

[] **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 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.

Name

Signature