



## 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):

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**Primary Phone Number /Other Phone Number(s):** \_\_\_\_\_

**Tenant Representative Information (if any):** \_\_\_\_\_

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

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**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):

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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. \_\_\_\_\_

\_\_\_\_\_

## SPECIAL PROOF OF SERVICE<sup>1</sup>

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: \_\_\_\_\_

<sup>1</sup> This Special Proof of Service form has been created by the Richmond Rent Program solely for use during and in response to the COVID-19 pandemic.