



# REMOVAL OF HOUSING SERVICE: COMPLETION

8300 Santa Monica Blvd., West Hollywood, CA 90069 p: (323) 848-6450 Email: [rsd@weho.org](mailto:rsd@weho.org)

**Parcel Identification Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Property Address:** \_\_\_\_\_  
(Street Number) (Street Name) (Unit #)

**Landlord/Agent Information:**

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

**Tenant Information:**

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

**Check One:**

- I have completed the removal of the housing service.

**Date of the removal of the housing service(s):** \_\_\_\_\_

- I have decided not to remove the following services(s) originally applied for and tentatively approved:

\_\_\_\_\_

**Declaration:**

I declare under penalty of perjury under the laws of the State of California that all of the above and all attached pages, including documentation, are true, correct and complete.

Landlord/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_