



NOTICE FOR RECORDATION OF INTENT TO WITHDRAW RENTAL UNITS FROM THE MARKET

Parcel Identification Number: _____ - _____ - _____

Property Address: _____
 (Street Number) (Street Name)

Legal Description: _____

Landlord/Agent Information:

Name: _____ Phone: (____) _____

Name: _____ Date of Ownership: _____

Mailing Address: _____

City, State, & Zip Code: _____

Not less than 120 days from the date when the rental units listed below are to be withdrawn from the rental market, you must record this form with: The Los Angeles County Recorder, 12400 N. Imperial Highway, Norwalk, California 90650. Phone (562) 462-2125. Prior to filing this form with the Los Angeles County Recorder it must be notarized and include the attached "Cover Page."

I (we) hereby notify the City of West Hollywood of my (our) intention to withdraw from the rental market _____(number of units) rental units which are located on the property described above.

The rental units which are being withdrawn are currently tenant-occupied or vacant as noted below:

Unit Number	Occupied	Vacant
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

(If you need additional space continue on the reverse side of this form.)

Declaration

I (we), owner(s) of the above described property, declare under penalty of perjury under the laws of the State of California that the foregoing and all attached pages, including attached documentation, are true, correct and complete.

Signature: _____

Date: _____

Print Name: _____

Continued From Front Page:

Unit Number	Occupied	Vacant
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
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Unit Number	Occupied	Vacant
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	<input type="checkbox"/>	<input type="checkbox"/>
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Date: _____

Print Name: _____

Signature: _____

Date: _____

Print Name: _____

Signature: _____

Date: _____

Print Name: _____

Signature: _____

Date: _____

Print Name: _____