



ADMINISTRATIVE DETERMINATION APPEAL

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Administrative Determinations of the Rent Stabilization Division which affect the amount of rent or payment of fees may be appealed to the Department Director. The appeal must be filed on this form within ten (10) business days of the date of the mailing of the determination. You must be a person who is affected by the determination in order to appeal it. There is a \$25.00 filing fee. *Do not use this form to appeal the decision of a Hearing Examiner.*

Parcel Identification Number: _____ - _____ - _____

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

Appeal Filed By: Property Owner Tenant Agent

Name: _____ Phone: (_____) _____

Mailing Address: _____
(City) (State) (Zip Code)

What administrative determination are you appealing?

- Notice of Rent Adjustment (Re-reg) Exemption Application Add Housing Service Application
 Other: _____

Explain what information was given to the Rent Stabilization Division which was false and misleading, which caused this administrative determination to be in error: *(Attach any relevant documents.)*

(Continue on Reverse Side)

Procedures: Once you have completed this form and attached all relevant documents, **serve all other parties with copies before filing** the original with the Rent Stabilization Division during normal business hours.

Any affected person may submit a written statement or argument for the Director's consideration within ten (10) business days of the date of service of the appeal. The appeal will be considered on the basis of the written record and the written statements and arguments submitted by affected persons. The Director will make a decision on the appeal within fourteen (14) days after the period for submitting written statements has expired. The decision of the Director will be final.

Declaration:

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

Signature: _____ Date: _____

Print Name: _____

