



WAIVER OF REGISTRATION FEE PENALTIES

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

Parcel Identification Number: _____ - _____ - _____

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

Landlord Information:

Name: _____

Address: _____

City, State, & Zip Code: _____

Use the space below to describe **in detail** the exceptional circumstances which prevented timely payment of rent registration fees on the above referenced property. Some examples of exceptional circumstances may include but are not limited to: financial hardship, hospitalizations or medical treatments during the fee billing period, death in the family occurred within the fee billing period, court litigations such as bankruptcies or ownership disputes.

Due to exceptional circumstances beyond my control that prevented me from paying the rent registration fees timely, I am requesting a waiver of the rent registration fee penalties as provided in Section 30000(e)4 of the West Hollywood Rent Stabilization Regulations.

(Attach documentation to support your claim).

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

Declaration:

I declare under penalty of perjury under the laws of the State of California that all of the statements on this form, including the reverse side and all attached pages, including documentation, are true correct, and complete.

Signature: _____ Date: _____

Print Name: _____

Office Use Only

APPROVED _____	DATE _____	COMMENTS: _____
DENIED _____	DATE _____	_____
ENTERED _____	DATE _____	_____

