

APPEAL REQUEST / OR BREACH OF VOLUNTARY AGREEMENT

DATE:	CASE:	ADDRESS:
PURPOSE		
This notice is to inform Petition is complete.	you that the Rent Stabiliza	tion Program has reviewed the Petition filed and determined that the
TYPE OF APPEAL F	Please select one of the boxe	s below and detail the reason for appeal on the back of this page.
Administrative Decision 30 days of the mailing	n written by the Petition Ex date of the revised Adminis	rsuant to Regulations 6.06, any Party to a Petition may appeal the aminer, as it may be revised, to the Director. Appeals must be made within trative Decision or notice that the Administrative Decision will not be 30 days of said date, the Administrative Decision will be considered a Final
possible, or if one of th regarding Housing Serv	ne parties does not agree to vices Reduction or Housing	Pursuant to Regulations 7.04.7, where a voluntary agreement is not a voluntary agreement, the Hearing Officer will make a written decision Code Violations, and any other claims. Any party to this decision may appeal uance of the mediator's writtenion decision.
to the Director. Appeal	s must be made within 30 o	to Regulations 7.14, any Party to a Hearing may appeal the Hearing Decision days of the mailing date of the Hearing Decision. If no Party appeals to the be considered a final Decision.
contains a section mak Regulations, a written claim has sent a writte the voluntary agreeme	ting a violation of the mater claim of violation may be fil n request to the violating pa ent. The written claim must copy to the violating party.	Pays): Pursuant to Regulations 7.04.6, where the voluntary agreement ial terms subject to review by a Petition Examiner under the Ordinance and ed within 90 days of the date of its filing, provided that the party filing the arty to perform one or more specific material items to be performed under contain a copy of the request to the violating party and the party making If the Petition examiner determines that there has been a breach, a hearing
•		er the laws of the State of California that this information and every nd correct to the best of my knowledge and belief.
Signature		Date
Print Name		

APPEAL REQUEST OR BREACH OF VOLUNTARY AGREEMENT **REASON FOR APPEAL** Attach additional pages or documentation for the reason for appeal as needed.