



**COMMUNITY STABILIZATION AND FAIR RENT ACT (CSFRA)
REQUEST FOR APPEAL OF PETITION HEARING DECISION**

Any Party to a petition may appeal the Decision by *-serving a written Request for Appeal on all applicable parties and then filing a copy of the completed form with the City within ten (10) calendar days* after the mailing of the Petition Decision. If no Appeals are filed within ten (10) calendar days, the decision will be considered final.

I hereby Appeal the Hearing Officer’s Decision for the following Petition to the Rental Housing Committee:

Petition Case Number: _____

Name of Hearing Officer: _____ Decision Date: _____

For the following Property Address, including Unit Number(s), if applicable:

(Street Number)

(Street Name)

(Unit Number)

Person Appealing the Hearing Officer Decision *(if more than one person is appealing the petition decision, attach their contact information as applicable):*

Name: _____ Phone: () _____

Mailing Address: _____ Email: _____

I am:

A tenant affected by this petition.

A landlord affected by this petition.

Reason for Appeal:

Please use the space below to clearly identify what issue and part of the Decision is the subject of the appeal (include section headings and subheadings, as necessary). Thoroughly explain the grounds for the appeal. For each issue you are appealing, provide the legal basis why the Rental Housing Committee should affirm, modify, reverse, or remand the Hearing Officer's Decision.

(Continue on the next page; add additional pages if needed)

Filing Instructions:

Once you have completed this form and attached all relevant documents, **serve all parties with complete copies** before formally filing the Appeal with the City. Once served, file a copy of the completed form with the Notice of Service to the City of Mountain View, 500 Castro Street, Mountain View, CA 94041.

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: _____

Reason for Appeal (Continued)

A large, empty rectangular box with a black border, intended for the user to provide the reason for appeal.

Proof of Service of Request for Appeal

I declare that I am over eighteen years of age, and that I served one copy of the attached Notice of Appeal on the **affected party(ies) listed above by:**

Personal Service

Delivering the documents in person on the ____ day of _____, 20____, at the address(es) or location(s) above to the following individual(s).

(Print name and address of each party served.)

Mail

Placing the documents, enclosed in a sealed envelope with First-Class Postage fully paid, into a U.S. Postal Service Mailbox on the ____ day of _____, 20____, addressed as follows to the following individual(s).

(Print name and address as shown on envelope of each party served.)

Email

Emailing the documents on the ____ day of _____, 20____ at the email address(es) as follows to the following individual(s). Email is the normal mode of communication with the following individual(s).

(Print name and email address of each party served.)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct:

Executed on this ____ day of _____, 20____

Signature: _____

Print Name: _____

Address: _____