

CITY OF OAKLAND



PO. BOX 70243 OAKLAND, CALIFORNIA 94612-0243
Community and Economic Development Agency
Rent Adjustment Program

(510) 238-3721
FAX (510) 238-6181
TDD (510) 238-3254

**NOTICE TO RENT ADJUSTMENT PROGRAM OF
CONSTRAINTS ON REAL PROPERTY
O.M.C. § 8.22.460(F)**

1. The real property where the rental units are located is specifically described as:

See Attachment A, legal description of property.

Name of Owner(s): _____

Block: _____ Lot: _____

Address: _____, Oakland, CA

2. The date on which the rental units are to be withdrawn from rent or lease is:

3. The constraints set forth in the following sections apply to this property until the date(s) shown:

a. _____ (Two years from filing of Withdrawal Notices)
(O.M.S. § 8.22.460(B))

b. _____ (Five years from filing of Withdrawal Notices)
(O.M.S. § 8.22.460(C))

c. _____ (Ten years from filing of Withdrawal Notices)
(O.M.S. § 8.22.460(D))

4. The name(s) of the owner(s) of record of the above-described property is/are:

5. **DECLARATION OF OWNER**

I declare under penalty of perjury, under the laws of the State of California, that the information provided on this Notice to Rent Adjustment Program of Constraints on Real Property, including any attachments, is true and correct to the best of my knowledge and belief.

Executed on _____ in _____, California.
(date) (city)

_____ (print name)	_____ (signature)
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_____ (print name)	_____ (signature)
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_____ (print name)	_____ (signature)
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