



CITY OF CULVER CITY

HOUSING PROGRAMS OFFICE

9770 CULVER BOULEVARD, CULVER CITY, CALIFORNIA 90232-0507

(310) 253-5780
INFO. LINE (310) 253-5781
FAX (310) 253-5785

TEVIS BARNES
Housing Programs
Administrator

PROOF OF SERVICE

Complete and return this form to:

CITY OF CULVER CITY
HOUSING DIVISION
9770 Culver Boulevard
Culver City, CA 90232

Email: Rent.Control@CulverCity.org

This form must be completed and provided to the Housing Division, whenever Culver City Municipal Code (CCMC), Subchapters 15.09.200, et seq. and 15.09.300, et seq., require a proof of service to be filed with the Housing Division. Please fill out this form completely and submit any supporting documents. Service must be completed within the timeframes indicated by CCMC Subchapters 15.09.200, et seq. and 15.09.300, et seq., as applicable.

You may submit this Proof of Service and all supporting documents that demonstrate service was completed to the Housing Division in person or by mail or email.

SECTION 1: DOCUMENT BEING SERVED

Check box for applicable document served:

- | | |
|--|---|
| <input type="checkbox"/> Rent Adjustment Application | <input type="checkbox"/> Pass-Through Cost Recovery Application |
| <input type="checkbox"/> Notice of Termination | <input type="checkbox"/> Buyout Agreement and Disclosure Notice |
| <input type="checkbox"/> Request for Appeal | <input type="checkbox"/> Tenant Petition for Noncompliance |

SECTION 2: PERSON SERVING THE DOCUMENTS

Person(s) Serving the documents is (select one):	<input type="checkbox"/> Tenant <input type="checkbox"/> Landlord <input type="checkbox"/> Third Party
Telephone Number:	
Address:	
Email:	

SECTION 3: PERSON BEING SERVED

Person(s) Being Served is (select one):	<input type="checkbox"/> Tenant <input type="checkbox"/> Landlord
Name:	
Telephone Number:	
Address:	
Email:	

SECTION 4: METHOD OF SERVICE (SELECT ONE)

Certified Mail First Class Mail

Date mailed:	
Recipient's address:	
Tracking number (if applicable):	
Copy of return receipt attached (if applicable):	<input type="checkbox"/> Yes <input type="checkbox"/> No

Personal Service*

Date and Time of Service:	Date: _____ Time: _____
Name of Person Served:	
Address (if different from property address):	

**In order to qualify as personal service, the party to be served must be personally handed the document selected in Section 1 above. Personal service does not include leaving the document(s) in the mailbox, posted to the door/building, under a door mat, with a third party who is not the appropriate party for service, or similar methods.*

SECTION 5: DISCLOSURE AND SIGNATURE

I, _____ (Name), declare under penalty of perjury, under the laws of the State of California, that a copy of the document(s) selected in Section 1 above have been provided to all landlords who are named in this Proof of Service.

Print Name

Date

Signature