

PROOF OF SERVICE

Complete and return this form to:

CITY OF CULVER CITY
HOUSING AND HUMAN SERVICES DEPARTMENT
RENT CONTROL AND TENANT PROTECTIONS PROGRAM
9770 Culver Boulevard
Culver City, CA 90232
Email: Rent.Control@CulverCity.org

This form can be completed and provided to the Housing and Human Services Department, 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 filled with the Housing and Human Services Department. Please fill out this form completely and submit any supporting documents. Service must be complete 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 and Human Services Department in person or by mail or email, except for when using this form for Notices of Termination. Any Proof of Service form submitted for any and all Notices of Termination must be attached to the Notice of Termination and sent via certified mail, return receipt requested, within five days of serving the Notice on the tenant (CCMC 15.09.310.B.6).

SECTION 1: DOCUMENT BEING SERVED

Check box for applicable document served:

- | | |
|---|--|
| <input type="checkbox"/> Notice of Termination

<input type="checkbox"/> Capital Improvement Pass-Through Application

<input type="checkbox"/> Rent Adjustment Application

<input type="checkbox"/> Tenant Petition for Noncompliance | <input type="checkbox"/> Tenant Buyout Agreement and Disclosure Notice

<input type="checkbox"/> Eligibility Application to Recover Rental Unit for Landlords or Eligible Relatives

<input type="checkbox"/> Request for Appeal |
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SECTION 2: PERSON SERVING THE DOCUMENTS

Person(s) serving the documents is (select one):	<input type="checkbox"/> Tenant <input style="margin-left: 40px;" type="checkbox"/> Landlord <input style="margin-left: 40px;" type="checkbox"/> Third Party
Name:	
Address:	
Telephone number:	Email:

SECTION 3: PERSON BEING SERVED

Person(s) being served is (select one):	<input type="checkbox"/> Tenant <input style="margin-left: 40px;" type="checkbox"/> Landlord
Name:	
Address:	
Telephone number:	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 document(s) in the mailbox, posted to the door/building, under a doormat, 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 persons who are named in this Proof of Service.

Print Name_____
Date_____
Signature