Rent Stabilization and Tenant Protections Program
Culver CITY

Housing and Human Services Department
9770 Culver Blvd., Culver City, CA 90232
(310)253-5790 rent.control@culvercity.org

PROOF OF SERVICE

Complete and return this form to:
CITY OF CULVER CITY
HOUSING AND HUMAN SERVICES DEPARTMENT
RENT STABILIZATION AND TENANT PROTECTIONS PROGRAM
9770 Culver Boulevard
Culver City, CA 90232
Email: Rent.Control@CulverCity.org

This form must 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 Notices of Termination. Proofs of Service for Notices of Termination must be sent via certified mail, return receipt requested, within five days of serving the tenant (CCMC 15.09.310.B.6).

SECTION 1: DOCUMENT BEING SERVED

Check box for applicable document served:

- ☐ Notice of Termination
- ☐ Buyout Agreement and Disclosure Notice
- ☐ Capital Improvement Pass-Through Application
- ☐ Eligibility Application to Recover Rental Unit
- ☐ Rent Adjustment Application
- ☐ Request for Appeal
- ☐ Tenant Petition for Noncompliance

SECTION 2: PERSON SERVING THE DOCUMENTS

Person(s) serving the documents is (select one):	☐ Tenant ☐ Landlord ☐ Third Party		
Name:			
Address:			
Telephone number:		**Email:**	

SECTION 3: PERSON BEING SERVED

Person(s) being served is (select one):	☐ Tenant ☐ Landlord		
Name:			
Address:			
Telephone number:		**Email:**	

-Continued on Page 2-

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):	☐ Yes ☐ 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