



BOARD OF SUPERVISORS

Hilda L. Solis  
Mark Ridley-Thomas  
Sheila Kuehl  
Janice Hahn  
Kathryn Barger

COUNTY OF LOS ANGELES  
**DEPARTMENT OF CONSUMER  
AND BUSINESS AFFAIRS**

*"To Enrich Lives Through Effective and Caring Service"*

**PROOF OF SERVICE**

**Complete and return this form to:**

COUNTY OF LOS ANGELES  
DEPARTMENT OF CONSUMER AND BUSINESS AFFAIRS  
**RENT STABILIZATION PROGRAM**  
500 WEST TEMPLE STREET, B-96, LOS ANGELES, CA 90012-2706  
Email: [Rent@dcbalacounty.gov](mailto:Rent@dcbalacounty.gov)



**Joseph M. Nicchitta**  
Director

Joel Ayala  
Chief of Staff

Rafael Carbajal  
Chief Deputy

This form must be completed and provided to the Department of Consumer and Business Affairs (DCBA), whenever an application or notice is submitted to the department. Please fill this form out completely and attach any supporting documents. Service must be completed within the timeframe indicated by Los Angeles County Code Chapters [8.52](#) and [8.57](#).

**You may submit this Proof of Service and all supporting documents that demonstrate service was completed to the department in person, via mail, or email.**

Check box for applicable document served:  Application for Rent Adjustment  Notice of Termination of Tenancy  Buyout Agreement

**Section I: Server's Information (Select ONE)**

Tenant(s)/ Mobilehome Owner(s)  Landlord/ Mobilehome Park Owner(s)  Third Party

<b>Name:</b>			
<b>Telephone Number:</b>			
<b>Address:</b>		<b>Email:</b>	

**Section II: Party Served**

<b>Person(s) being served is a (Select ONE):</b>	<input type="checkbox"/> Tenant(s)/Mobilehome Owner(s) <input type="checkbox"/> Landlord/Mobilehome Park Owner(s)		
<b>Name:</b>			
<b>Telephone Number:</b>			
<b>Address:</b>		<b>Email:</b>	

**Section III: Method of Service (Select ONE)**

**Certified Mail**  **First Class Mail**

<b>Date mailed:</b>		<b>Tracking number # (if applicable):</b>	
<b>To the following address:</b>			
<b>Postage prepaid to the:</b>	<input type="checkbox"/> Tenant(s)/Mobilehome Owner(s) <input type="checkbox"/> Landlord/Park Owner(s)		
<b>Copy of return receipt attached (if applicable):</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Personal Service**

<b>Date and Time of Service:</b>	
<b>Address (if different from property address):</b>	

**Section IV: Affected Parties**

List the names of each recipient that is subject to this form and has received a copy of the application and/or notice selected above.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Section V: Disclosure and Signature**

**Tenant(s) or Mobilehome Owner(s):**

I, \_\_\_\_\_ (Name), declare under penalty of perjury, under the laws of the State of California that a copy of above mentioned documents have been provided to all landlords/park owners who are named in this document.

**Landlord or Mobilehome Park Owner(s):**

I, \_\_\_\_\_ (Name), declare under penalty of perjury, under the laws of the State of California that a copy of above mentioned documents have been provided to all tenants/mobilehome owners who are named in this document.

**Third Party:**

I, \_\_\_\_\_ (Name), declare under penalty of perjury, under the laws of the State of California that a copy of above mentioned documents have been provided to all tenants/mobilehome owners who are named in this document.

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**