

PROOF OF SERVICE

Complete and return this form to:

COUNTY OF LOS ANGELES DEPARTMENT OF CONSUMER AND BUSINESS AFFAIRS RENT STABILIZATION PROGRAM

320 WEST TEMPLE STREET ROOM G-10, LOS ANGELES, CA 90012-2706 Email: rent@dcba.lacounty.gov

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 <u>8.52</u> and <u>8.57</u>.

You may submit to the department in person or via mail or email this Proof of Service and all supporting documents that demonstrate service was completed. ☐ Application for Rent Adjustment ☐ Notice of Termination of Tenancy Check box for applicable ☐ Buyout Agreement ☐ Other: document served: Section I: Server's Information (Select ONE) □Landlord/ Mobilehome Park Owner(s) □Third Party Name: Telephone Number: Address: Email: Section III: Method of Service (Select ONE) ☐ Certified Mail ☐ First Class Mail Date mailed: Tracking number # (if applicable): To the following address: ☐ Tenant(s)/Mobilehome Owner(s) ☐ Landlord/Park Owner(s) Postage prepaid to the: Copy of return receipt attached (if applicable): ☐ Yes ☐ No □Personal Service Date and Time of Service: Address (if different from property address:







Section IV: Affected Parties

Print Name	_	Date	
State of California that a copy of above-rowners who are named in this documen		ocuments have been provided	to all tenants/mobilenome
l,	(Na	me), declare under penalty of p	perjury, under the laws of the
Third Party:			
owners who are named in this documen	t.	·	
, State of California that a copy of above-r			
Landlord or Mobilehome Park Owner(s):	(Na	me), declare under penalty of p	porium, under the laws of the
Section V: Disclosure and Signatu	<u>re</u>		
			
			



